

**A STUDY TO ASSESS THE EFFECTIVENESS OF SNAKE AND  
LADDER GAME ON KNOWLEDGE AND PRACTICE  
REGARDING HEALTHY HABITS AMONG  
SCHOOL CHILDREN IN SELECTED  
SCHOOL IN COIMBATORE**

**By**

**Reg. No: 301216101**

**A DISSERTATION SUBMITTED TO THE TAMIL NADU  
Dr. M. G. R. MEDICAL UNIVERSITY, CHENNAI IN  
PARTIAL FULFILLMENT OF REQUIREMENT  
FOR THE DEGREE OF MASTER OF  
SCIENCE IN NURSING**

**OCTOBER 2014**

**A STUDY TO ASSESS THE EFFECTIVENESS OF SNAKE AND  
LADDER GAME ON KNOWLEDGE AND PRACTICE  
REGARDING HEALTHY HABITS AMONG  
SCHOOL CHILDREN IN SELECTED  
SCHOOL IN COIMBATORE**

**By**

**Reg. No: 301216101**

**Approved by**

---

**EXTERNAL**

---

**INTERNAL**

**A DISSERTATION SUBMITTED TO THE TAMIL NADU  
Dr. M. G. R. MEDICAL UNIVERSITY, CHENNAI IN  
PARTIAL FULFILLMENT OF REQUIREMENT  
FOR THE DEGREE OF MASTER OF  
SCIENCE IN NURSING**

**OCTOBER 2014**

**A STUDY TO ASSESS THE EFFECTIVENESS OF SNAKE AND  
LADDER GAME ON KNOWLEDGE AND PRACTICE  
REGARDING HEALTHY HABITS AMONG  
SCHOOL CHILDREN IN SELECTED  
SCHOOL IN COIMBATORE**

**CERTIFIED THAT THIS IS THE BONAFIDE WORK OF**

**Reg. No: 301216101**

PPG College of Nursing

Coimbatore

**SIGNATURE : \_\_\_\_\_ COLLEGE SEAL**

**Dr. P. MUTHULAKSHMI, M.Sc(N)., M.Phil., Ph.D.,**

Principal,

PPG College of Nursing,

Coimbatore - 35.

**A DISSERTATION SUBMITTED TO THE TAMIL NADU  
Dr. M. G. R. MEDICAL UNIVERSITY, CHENNAI IN  
PARTIAL FULFILLMENT OF REQUIREMENT  
FOR THE DEGREE OF MASTER OF  
SCIENCE IN NURSING**

**OCTOBER 2014**

**A STUDY TO ASSESS THE EFFECTIVENESS OF SNAKE AND  
LADDER GAME ON KNOWLEDGE AND PRACTICE  
REGARDING HEALTHY HABITS AMONG  
SCHOOL CHILDREN IN SELECTED  
SCHOOL IN COIMBATORE**

**APPROVED BY THE DISSERTATION COMMITTEE ON MARCH 2013**

**RESEARCH GUIDE** : \_\_\_\_\_  
**Dr. P. MUTHULAKSHMI, M.Sc (N)., M.Phil, Ph.D.,**  
Principal,  
PPG College of Nursing,  
Coimbatore - 35.

**SUBJECT GUIDE** : \_\_\_\_\_  
**Prof. K. JEYABARATHI, M.Sc(N)., Ph.D,**  
HOD, Department of Child Health Nursing,  
PPG College of Nursing,  
Coimbatore - 35.

**MEDICAL GUIDE** : \_\_\_\_\_  
**Dr. THIRUVALLUVA THENDRAL,M.B.B.S.,M.D,**  
Consultant Pediatrician,  
Coimbatore.

**A DISSERTATION SUBMITTED TO THE TAMIL NADU  
Dr. M. G. R. MEDICAL UNIVERSITY, CHENNAI IN  
PARTIAL FULFILLMENT OF REQUIREMENT  
FOR THE DEGREE OF MASTER OF  
SCIENCE IN NURSING**

**OCTOBER 2014**



*Dedicated to  
Almighty God,  
Lovable Wife,  
Parents, Sister,  
Relatives, Friends  
& Well Wishers*

## ACKNOWLEDGEMENT

With heartfelt thanks to **Lord Almighty** for his abiding elegance, love, compassion and immense deluges of blessings on me, which gave me the strength and courage to overcome all difficulties and whose salutary benison enabled me to achieve this target.

I sincerely acknowledge my indebtedness to my wife **Mrs. Kalludas**, my parents **Mr. P. Vipinachandran, Mrs. Shani. K**, my sister **Mrs. Panchami**, my brother in law **Mr. Manu. S.S, Relatives** and **Friends** for their love, sustenance, entreaty, encouragement and help throughout my study.

I extend my deep sagacity of gratitude uncut heartedly to **Dr. L. P. Thangavelu, M.S., F.R.C.S.**, Chairman and **Mrs. Shanthi Thangavelu, M.A.**, Correspondent P.P.G Group of Institutions, Coimbatore, who abetted me in making the project a great triumph.

It is my extensive felt desire to express my insightful gratitude an elite thanks to **Dr. P. Muthulakshmi, M.Sc(N)., M.Phil., Ph.D.**, Principal PPG College of Nursing and research guide. It is a matter of fact that without her admired propositions, high scholarly touch and intense acumen from the inception till the accomplishment of the study, and the cherished guidance, thought provoking spur, creative suggestion, timely help perpetual cheer, this work could not have been presented in the manner it has been made and would have never taken up silhouette. Being guided by her has been a great rectitude and privilege.

The present study has been accomplished under the expert guidance and sustenance of **Prof. K. Jeyabarathi, M.Sc(N)., Ph.D.**, HOD, Child Health Nursing. If not my guide, the present study would have squandered much of its existence and affluence. Her ardent support, cherished guidance, alleged provoking stimulation, timely help, relentless encouragement, valuable suggestions and constrictive evaluation have enabled me to contour up this research as a pedestrian contribution to the field.

I express my sincere thanks to **Dr. THIRUVALLUVA THENDRAL, M.B.B.S., M.D**, Consultant Pediatrician, for his relentless support, treasured suggestions and guidance.

I express my sincere thanks to **Mrs. D. Revathy Selvaraj**, Head Mistress, Government Primary School, Kalapatti, Coimbatore, for her support to conduct the study in school, suggestions in research and tremendous co-operation for completing my work successfully.

I extend my sincere thanks to **Prof. B. Rajalakshmi, M.Sc(N)., Ph.D.**, **Prof. L. Kalaivani, M.Sc(N)., Ph.D.**, and all other **Faculty Members** of P.P.G College of Nursing.

It is my long felt desire to express thanks to **Mrs. Manibharathi, M.Sc(N)., Ph.D.**, **Mrs. Seema Maheswari, M.Sc(N).,** and **Mrs. Blessy Pramila, M.Sc(N).,** Department of Child Health Nursing for their revered propositions, relentless support, timely help and guidance till completion of the study.

I am beholden to **Prof. Venugopal**, Statistician for his scientific advice and help in research and biostatistics without which the course of work would have been futile.

My truthful thanks to all the **Experts** who have done the content validity and valuable suggestions in the modification of tool.

I protracted my thanks to the **Dissertation Committee** Members for their healthy condemnation, compassionate suggestions which molded the research.

I would like to thank **The Library Staffs** for extending help in research for the reference material for the study.

I express my thanks to **Mr. N. Sivakumar** of **Nawal Comtech Solutions**, Saravanampatti, Coimbatore for his serenity and timely co-operation in typing and aligning the manuscript.

I extended my thanks to all **The Participants** in the study.

My fondest thanks are expressed from my heart to my **Dear Most Colleagues** for their support given to me throughout my study.



## ***LIST OF CONTENTS***

<b><i>CHAPTER</i></b>	<b><i>CONTENTS</i></b>	<b><i>PAGE No.</i></b>
<b><i>I</i></b>	<b><i>INTRODUCTION</i></b>	<b><i>1</i></b>
	<i>Need for the Study</i>	<i>3</i>
	<i>Statement of the Problem</i>	<i>7</i>
	<i>Objectives</i>	<i>7</i>
	<i>Hypothesis</i>	<i>7</i>
	<i>Operational Definitions</i>	<i>8</i>
	<i>Assumptions</i>	<i>9</i>
<b><i>II</i></b>	<b><i>REVIEW OF LITERATURE</i></b>	<b><i>10</i></b>
	<i>Conceptual Frame Work</i>	<i>20</i>
<b><i>III</i></b>	<b><i>METHODOLOGY</i></b>	<b><i>23</i></b>
	<i>Research Approach</i>	<i>23</i>
	<i>Research Design</i>	<i>23</i>
	<i>Setting of the Study</i>	<i>24</i>
	<i>Variables</i>	<i>24</i>
	<i>Population</i>	<i>24</i>
	<i>Sample Size</i>	<i>25</i>
	<i>Sampling Technique</i>	<i>25</i>
	<i>Criteria for Selection of Samples</i>	<i>25</i>
	<i>Description of the Tool</i>	<i>25</i>
	<i>Testing of the Tool</i>	<i>27</i>
	<i>Pilot Study</i>	<i>27</i>
	<i>Data Collection Procedure</i>	<i>28</i>
	<i>Plan for Data Analysis</i>	<i>28</i>

<b><i>CHAPTER</i></b>	<b><i>CONTENTS</i></b>	<b><i>PAGE No.</i></b>
<b><i>IV</i></b>	<b><i>DATA ANALYSIS AND INTERPRETATION</i></b>	<b><i>30</i></b>
<b><i>V</i></b>	<b><i>RESULTS AND DISCUSSION</i></b>	<b><i>60</i></b>
<b><i>VI</i></b>	<b><i>SUMMARY, CONCLUSION,</i></b>	<b><i>63</i></b>
	<b><i>NURSING IMPLICATIONS, LIMITATIONS AND</i></b>	
	<b><i>RECOMMENDATIONS</i></b>	
	<b><i>REFERENCES</i></b>	
	<b><i>ABSTRACT</i></b>	
	<b><i>APPENDICES</i></b>	

## ***LIST OF TABLES***

<b><i>S.No.</i></b>	<b><i>CONTENT</i></b>	<b><i>PAGE No.</i></b>
<b><i>1.</i></b>	<b><i>Distribution of Demographic Variables of the School Children</i></b>	<b><i>31</i></b>
<b><i>2.</i></b>	<b><i>Distribution of Statistical Value of Pretest and Post Test Knowledge on Healthy Habits Among School Children</i></b>	<b><i>50</i></b>
<b><i>3.</i></b>	<b><i>Distribution of Statistical Value of Pretest and Post Test Practice on Healthy Habits Among School Children</i></b>	<b><i>52</i></b>
<b><i>4.</i></b>	<b><i>Association of Selected Demographic Variables with Pretest Score of Knowledge on Healthy Habits Among School Children</i></b>	<b><i>54</i></b>
<b><i>5.</i></b>	<b><i>Association of Selected Demographic Variables with Pretest Score of Practice on Healthy Habits Among School Children</i></b>	<b><i>57</i></b>

## ***LIST OF FIGURES***

<b><i>S. No.</i></b>	<b><i>CONTENTS</i></b>	<b><i>PAGE No.</i></b>
<b><i>1.</i></b>	<b><i>Modified Conceptual Frame Work Based on Von Bertalanffy General System Model (1968)</i></b>	<b><i>22</i></b>
<b><i>2.</i></b>	<b><i>The Schematic Representation of the Research Design</i></b>	<b><i>23</i></b>
<b><i>3.</i></b>	<b><i>The Schematic Representation of the Variables</i></b>	<b><i>24</i></b>
<b><i>4.</i></b>	<b><i>The Overall View of Research Methodology</i></b>	<b><i>29</i></b>
<b><i>5.</i></b>	<b><i>Distribution of Demographic Variables According to the Age</i></b>	<b><i>36</i></b>
<b><i>6.</i></b>	<b><i>Distribution of Demographic Variables According to Sex</i></b>	<b><i>37</i></b>
<b><i>7.</i></b>	<b><i>Distribution of Demographic Variables According to Education</i></b>	<b><i>38</i></b>
<b><i>8.</i></b>	<b><i>Distribution of Demographic Variables According to Religion</i></b>	<b><i>39</i></b>
<b><i>9.</i></b>	<b><i>Distribution of Demographic Variables According to Education of Father</i></b>	<b><i>40</i></b>
<b><i>10.</i></b>	<b><i>Distribution of Demographic Variables According to Education of Mother</i></b>	<b><i>41</i></b>
<b><i>11.</i></b>	<b><i>Distribution of Demographic Variables According to Occupation of Father</i></b>	<b><i>42</i></b>
<b><i>12.</i></b>	<b><i>Distribution of Demographic Variables According to Family Income</i></b>	<b><i>43</i></b>
<b><i>13.</i></b>	<b><i>Distribution of Demographic Variables According to Number of Children</i></b>	<b><i>44</i></b>
<b><i>14.</i></b>	<b><i>Distribution of Demographic Variables According to Birth Order</i></b>	<b><i>45</i></b>

<b>S. No.</b>	<b>CONTENTS</b>	<b>PAGE No.</b>
15.	<i>Distribution of Demographic Variables According to Area of Residence</i>	46
16.	<i>Distribution of Demographic Variables According to Type of Family</i>	47
17.	<i>Distribution of Demographic Variables According to Water Supply</i>	48
18.	<i>Distribution of Demographic Variables According to Sanitation</i>	49
19.	<i>Distribution of Pretest and Post Test Knowledge Values on Healthy Habits Among School Children</i>	51
20.	<i>Distribution of Pretest and Post Test Practice Values on Healthy Habits Among School Children</i>	53

## ***LIST OF APPENDICES***

### ***APPENDIX***

### ***TITLE***

1. *Letter seeking permission for conducting the study*
2. *Letter seeking permission from Experts for content validity of the tool*
3. *Format for the content validity*
4. *Questionnaire*  
*English*  
*Tamil*
5. *Health Education*  
*English*  
*Tamil*
6. *List of experts for content validity*

**A STUDY TO ASSESS THE EFFECTIVENESS OF SNAKE AND  
LADDER GAME ON KNOWLEDGE AND PRACTICE  
REGARDING HEALTHY HABITS AMONG  
SCHOOL CHILDREN IN SELECTED  
SCHOOL IN COIMBATORE**



## CHAPTER - I

### Introduction

*Healthy Child; Healthy Nation; Healthy World*

- WHO (2009)

A child is precious not only to the parents, to the family, community and nation but also to the world and thus it becomes the responsibility of the wide population of the whole universe to look after the interest of the children all over. Children are the asset of our country.

Hygiene is the science of health and its maintenance. It is highly personal determined by individual values and practices. Hygiene status of children is an index of national investment in the development of its man power. It is influenced by social, familial and individual factors as well as the children's knowledge of health on personal hygiene, comfort and basic needs, characteristics associated with child such as their natural and lack of knowledge are aggregating factors (UNICEF, 2009).

India is the second most populous country in the world, with over 1.21 billion people. The children age 0-15 yrs constitute about 31.1% (Male 190,075,426 and Female 172, 799,553) about 15% consist of school going children (Government of India Census, 2011).

WHO (2009) stated that the prevalence of personal hygiene and healthy habits has increased in rural schools of India in relation to the urban areas, due to the worse situation of the health status there. The complex relation between poverty and social



exclusion in other hand, Disease are leading by unhygienic and the families are almost unbearable, especially in the rural areas. It has been estimated that 0.02% of children has proper hygienic practices among 180 children.

Vankoppen (2010) explained that the children are eager to learn and schools are important places of learning for children. Promotion of personal hygiene and sanitation in schools therefore help the students to adopt good hygiene and habits during their childhood. Children learn in school they can and often do pass on in their families and communities.

Hockenberry and Wilson (2011) defined that a safe home, safe road and freedom from violence constitute fundamental rights for every child and referred to as school age or school years. This period begins with entrance in to the school environment, which has significance on development and relationship.

Life is a bit like the game of snakes and ladders, you would agree. Self defeating habits or beliefs are snakes those take you down, whereas the self-empowering ones are ladders those take you up. But in life, it's not the throw of the dice that determines your movement and it's your conscious choices (Compwel, 2011).

School health programs based on hygiene and sanitation education in schools next to traditional education has many advantages over teaching according to daily activities with traditional methods. It also gives an opportunity to the children to clarify uncertainties to try out new knowledge and skills to be creative and to learn

from each other regarding daily life activities which are oriented hygiene practices (WHO, 2010).

The personal hygiene habits developed by child can be taught in a fun way. Make up games to see if the child can remember what steps are needed to accomplish a specific hygiene goal. Use creativity and imagination to help the child to maintain an interest in personal hygiene. Charts, graphs, humor, stickers, puppets, games or songs are some ideas are used to motivate child. Be careful not to make personal hygiene too much work for child. Keep it light and fun as the child transitions in to owning these habits for life time (Renate and Van Wijk, 2010).

The utility of games is as a teaching strategy of health professional. There is a need of additional high quality research to explore the impact of educational games on patients and performance outcome (Sacket. K and Fiander. M, 2013).

### **Need for the Study**

The health of children is a vital importance of all societies because children are basic sources of the future of mankind. Today the trend has changed and the nature of care of children is based on their developmental needs. Now children's care is more children centered (UNICEF, 2011).

WHO (2009) declared that every nation should achieve the goal as health for all. Method for achieving health is with proper health care of the school children who form 15% of the total population. Ensuring access to the primary basic hygienic practices are the major effort under taken by governments, national organizations and

international organizations such as UNICEF. Through this effort make the development of knowledge, attitudes, values and the life skills needed to make appropriate decisions and act up on them.

Arno Halberger (2010) stated that school going period is a relatively safe period from health point of view. However supervision of health of school children is important. Sound health and its care picked up during these years have a great bearing in the individuals, his family and community for years to come.

National Wide Survey (2011) on health status of school children in India by WHO, revealed that the evidence of morbidity was found 52.85% in boys and 67.4% in girls. “Cleanliness is next to godliness” keeping one’s body clean is an important part of keeping oneself healthy and helping one feel good. Caring about the way one looks is important to one’s self esteem. Motivation for personal hygiene practices among children can cause reduction in personal illness. This can be done mainly through schools by educating and reinforcing students regarding personal health and hygienic practices such as hand washing, proper brushing and flossing of teeth, personal grooming etc., (Dili and Timor Leste UN Volunteers, 2011).

Sharman Esary (2007) had initiated steps to create awareness on personal hygiene among school children and motivating the children to get 100% of good practices and habits. He has appealed to the head masters and teachers to take part in the campaign aimed at improving the quality of education and personal hygiene among school children.

Henderson (2010) defined that part of the nurses role is to improve the patient level of understanding and there by promote health. The nurse as teacher should identify the needs by asking questions and determining the variables, affecting the hygienic needs of the children.

Integrated Research Care (2009) had cooperated with school sanitation and hygiene, through life skills based education, it focuses on the development of knowledge, attitudes and practices that support children in taking a greater responsibility for their own lives. It helps the children to acquire and practice good health behaviors along with knowledge and attitudes.

Andrew Watkins (2013) stated that personal hygiene is a very important factor for healthy life. Young children need to bath regularly. Frequency of bath depends upon the each child individual needs. Tooth brushing should be integrated into the morning and bed time routine to avoid periodontal diseases and dental caries. If they don't wash their hands, skin, mouth, hair, nails and foot frequently there is a strong chance of getting infection to themselves and to others. Some infectious diseases which spread through poor hygiene are common cold, flu, and gastrointestinal diseases. However good hygiene teaches them to understand the importance of personal hygiene and to take care of their body from health hazards such as diarrhea, dysentery, intestinal worm infestation of lice and skin disease.

Abdul Halim (2012) conducted a cross sectional study in rural Peshawar to determine the frequency of intestinal infestation in primary school children. The study population included 200 primary school children aged five to ten years. Data was

collected by school examination. The results showed 45.5% (91 cases) prevalence of *Ascaris lumbricoides*, less than 8 % (16 cases) of *enterobius vermicularis*, less than 3% (7 cases) of whip worm, and less than 7% (3 cases) prevalence of tape worm. The researcher concluded that there was a high percent of primary school children in need of health education on promotion of personal hygiene and possibly mass treatment.

UNESCO (2011) conducted a pilot study project in “games and other experimental activities for the teaching of science of children”. Toys and games are synonymous with play. Almost every one like to play and such a desire continues throughout an individual’s life. Psychologist says that play is not just a filling in of an empty period or just a relaxation of leisure activity, but it is an important learning experience.

Pavani Rinhart (2013) explained that snake and ladder is a popular board game for children in many countries of the world. It is easy to make from the basic material and can be adopted to suit many learning situation. Snake and ladder can assist in developing basic arithmetic’s such as counting, addition, and subtraction, communication etc. Snake and ladder can be used to teach the healthy habits, growth and development, nutrition, personal hygiene, sex education etc.

Major causes of morbidity among Indian school children are unhealthy habits, lack of personal hygiene and poor sanitation. Lack of knowledge and negative attitudes are leading to poor practices regarding healthy habits. The game based learning is most effective to improve the knowledge and practice regarding healthy habits among school children. In the view of above mentioned facts, intended the

researcher to do a study to assess the effectiveness of snake and ladder game on knowledge and practice regarding healthy habits among school children in selected school in Coimbatore.

### **Statement of the Problem**

A study to assess the effectiveness of snake and ladder game on knowledge and practice regarding healthy habits among school children in selected school at Coimbatore.

### **Objectives**

- To assess the knowledge and practice regarding healthy habits among school children.
- To provide snake and ladder game on healthy habits among school children.
- To assess the effectiveness of snake and ladder game on knowledge and practice regarding healthy habits among school children.
- To find out the association between the knowledge and practice regarding healthy habits with selected demographic variables.

### **Hypothesis**

**H<sub>1</sub>:** There is a significant difference between pre and post test knowledge score regarding healthy habits among school children.

**H<sub>2</sub>:** There is a significant difference between the pre and post test practice score regarding healthy habits among school children.

## **Operational Definitions**

### **Assess**

The act of estimation of knowledge regarding healthy habits by structured pretest questionnaire.

### **Effectiveness**

It refers to producing the intended result. In this study, it refers to the extent to which the snake and ladder game has achieved the desired effect in improving knowledge on healthy habits among school children.

### **Snake and Ladder Game**

Snake and ladder game is a board game where up to six players compete to reach the square first. In this study it refers to a game used for educating the school children about healthy habits.

### **Healthy Habits**

A behavior that is beneficial to one's physical or mental health, including personal hygiene, nutrition, sleep and rest, often linked to a high level of discipline and self control.

### **Knowledge**

It refers to the correct response of school children in the age group of 7-12 years to the self administered questionnaire on personal hygiene and is expressed in terms of knowledge score.

**Practice**

It refers to the activities which execute in daily living.

**School Children**

The children of 7 – 12 years old, who are studying in 2<sup>nd</sup> to 4<sup>th</sup> standard of government primary school, Kalapatti.

**Assumption**

- School children have inadequate knowledge about healthy habits.
- Snake and ladder game on healthy habits enhances the knowledge and practice of children regarding healthy habits.



## **CHAPTER - II**

### **Review of Literature**

The review of literature is a broad, comprehensive, in depth systematic and critical review of scholarly publications, unpublished scholarly printed materials, audio visual materials and personal communication.

A literature review is a written summary of the state of existing knowledge on a research problem. The task of reviewing research involves the identification, selection, critical analysis and written description of existing information on a topic (Polit and Hungler, 2009).

The review of literature entails systematic identification, selection and critical analysis and reporting of existing information in relation to the problem of interest.

#### **The Review of Literature in this Study is Organized Under the Following Headings**

- Literature related to healthy habits and its importance.
- Literature related to care of various aspects in healthy habits.
- Literature related to effectiveness of game method on children.
- Literature related to snake and ladder game.

#### **Literature Related to Healthy Habits and its Importance**

Das (2010) conducted a study on healthy practices and personal hygiene in Karnataka revealed that the rural school children were found at higher risk of health

problems due to lack of healthy habits and hygiene when compared with urban school children and it was about 5.3% higher than urban school children.

Park (2009) stated that healthy practices and hygiene aims to promote standards of personal cleanliness within the setting of the condition where people live. Training of healthy practices should begin at a very early age and must be carried through school age.

Awate (2010) conducted a study on improvement of school sanitation, personal hygiene status of children dictation, modification and strengthening school health services, and awareness building is the key strategies recommended.

Naresh (2010) conducted an experimental study on the impact of school health education program on personal hygiene and related morbidities in tribal school children of Wardha district Maharashtra. The sample of the study was 145 primary school children from 6-8 years. Data was collected using a structured knowledge questionnaire and health check up. Health education was done with flip books, demonstration activities and planned health education program sessions. Results showed that proportion of children with clean teeth increased from 33.8% to 50% and prevalence of dental decay reduced from 8% to 5%. The researcher concluded that the school education program improved personal hygiene and reduced related morbidities.

Kelly (2011) conducted a descriptive study to determine the health promotion of hygienic needs of urban middle school students from the perspective of the

participants in a health promotion partnership project. A convenience sample of 161 urban middle school students has participated in the study. Finding from the study indicated that urban middle school students have a major interest in finding out more about hair care, and prevention of infection.

Bundy (2010) explained that due to poor personal hygiene between 25 to 35 percent of school age children are estimated to be infected with one or more of the major species of worm.

Study attempted to assess the impact of personal hygiene on the knowledge, attitude and practices of school children aged 8-14 years in two secondary schools situated in Burdwan, district of west Bengal. This result indicated that the health knowledge of the student significantly improved after education. The practice of personal hygiene improved significantly as well (Biswas, 2012).

Nutritional Foundation of India, New Delhi (2011) conducted a longitudinal study among 100 school children through a nutritional survey revealed that more than 70% of children were consuming less than 50% of RDA of micronutrients such as iron, vitamin A, folic acid and riboflavin. About 70% of school children suffer from anemia and 60% from vitamin deficiency. The study concluded the need of strengthening nutritional interventional programs enhancing the nutritional status of school children.

The Australian Children's Education and Care Quality Authority (ACECQA) (2012) stated that openly expressing their feelings and ideas in their interactions with

others initiating plays. Children always attempt to gain new skills and knowledge through play, allowing children to direct their own play and leisure experience with their peers creating possibilities for peer scaffolding.

### **Literature Related to Care of Various Aspects in Healthy Habits**

Leug (2009) stated that Atopic dermatitis, a chronic inflammatory skin disorder that affects up to 20% of school aged children, can profoundly influence quality of life. Topical immuno-modulators (tacrolimus and pimecrolimus) are beneficial and safe for adults and children are representing a major new alternative to improper skin care, especially in children.

Hemmincher (2011) conducted a study regarding the knowledge of skin care including knowledge of sun protection and acne among students of different grades, sexes, ages, ethnicities and races sought to examine whether the skin sun-acne tutorial, an hour long, long hands. In all, 1214 middle and high school students were taught, tested and surveyed. Outcomes were determined based on comparing performance on a pretest and post test. Results shows all students regardless of sex, ethnicity, age or race, improved significantly from their pretest to post test score ( $p < 0.001$ ). This study only used one health educator and was restricted to public schools in central New Jersey.

First Things First (FTF) (2007) is a broad public policy initiative; as such the definition of child health used by FTF should reflect broad societal goals of health. Because of this, they recommended that definition used by FTF is based upon the definition of child health used by the WHO – child health is a state of physical,

mental, intellectual, social and emotional wellbeing and not merely the absence of disease or infirmity. Healthy children live in families, environment, and communities that provide them with the opportunity to reach fullest developmental potential. Children cannot achieve optimal health alone. They are dependent upon adults in their family and community to provide them with an environment in which they can learn and grow successfully.

UNICEF (2011) Conducted a study in Ethiopia found that less than one – third of school had water points and only 5% had hand washing facilities, none of which had soap. The low frequency of hand washing with soap (36.2%) may be attributed to the lack of soap in school and at home. Soap, water and latrines are essential for proper hygienic practices in schools, but previous studies have cited inadequate resources. A study conducted among Cambodian school children reported that only 7% of students had clean water and soap regularly at school.

Thakur (2010) conducted a study on hand washing techniques for the school children and the study revealed that the method of hand washing in after and before food, after playing and defecation had improved significantly from 14.3% and 4.7% in the baseline survey to 35.2%( $p<0.001$ ) and 16.2%( $p<0.01$ ) respectively.

Assistant Secretary of Health (2010) reviewed progress toward achievement of a dozen national objectives fluoridation and dental health. It is not worthy that the objective that 40% of 9 year old children be caries free in their permanent dentition has been accomplished (51% of 9 year old children were caries free according to 1979-80 National Institute of dental research study). Still dental caries is highly

prevalent among teenage children, and gingival and periodontal conditions are highly prevalent among children and adults.

Meinking (2013) stated that health authorities in USA, Canada and Australia recommended a “No Nit” policy it means the immediate dismissal of all children who have head lice, eggs or nits on their hair from school camp or child care setting. The no nit policy assumes that all nit seen when examining the scalp are viable and therefore the infested individual should be treated for lice, and all nits must be removed from the scalp. Accordingly in USA alone 4-8 million children’s are treated unnecessarily for head lice annually, which amounts to 64% of all lice treatments. In addition 12-24 million school days are lost annually.

Alttag (2009) stated that worm infestation was a major problem in children from developing countries due to bad feet care conditions it produces nutritional deficiencies and anemia in children, especially when hookworm infestation is present.

Barbara (2010) conducted a study on care of hair had revealed that the hair should be washed well with good soap, shampoo and warm water, after it should be rinsed well and very small amount of fresh pure oil may be applied, shampooing removes the dirt and prevent odour.

Ramanathan (2010) conducted a study title of prevalence of various infectious conditions of eyes, ears and nose observed where conjunctivitis (8.35%), dacrocystitis (2.5%), blepharitis (2.06%), routine school survey should be carried out every year for the early diagnosis and treatment of infections of eye, ears, and nose follow up to improve the practices of personal hygiene.

Swaminathan (2009) conducted a study and revealed that balanced diet for skin care must include carbohydrate, protein, fat, minerals, vitamins and yellow colored fruits and green leafy vegetables.

Joan Almon (2010) stated that “ability of play is one of the principal criteria of mental health”. In over 30 years of working with children, families and teachers of Waldorf school all over the world, he had observed one consistent feature of childhood; creative play is a central activity in the lives of a healthy children. Play helps children weave together all the elements of life as they experience it. It allows them to digest life and make it their own.

### **Literature Related to Effectiveness of Game Method**

Richard Blunt (2010) stated that health education of the school children is an important part in prevention of health problems. Though, health problems depend upon the geographical area and demographic aspects. Health problems are occurring due to lack of healthy habits and personal hygiene common among school children. Education is three fold process of imparting knowledge, developing skills and interest, attitude and life values.

Milos Milanovich (2013) with a view of making learning effective as well as interesting, various Medias and materials should be used in schools. They should be less expensive and easily available. Education and entertainment can be well integrated through their use and children’s learning can be joyful activity.

Jake Huhn (2013) can be confirmed that play way method enables the teacher to teach effectively and pupils to learn efficiently. In this context, various play materials like toys and games can be utilized, with profit for educational purpose.

UNESCO (2010) stated that development of children and quality of their learning depends on a number of factors, including their own health status. Health promoting behavior inculcated by the school not only contributes in physical development and health care of students, its spin-off improves awareness about health issues among the parents and local community as well. Strong relationship between health of students and their learning had inspired planners and educators to hundred years ago in developed countries to launch health related interventions in schools. Gradually, developing countries are also realizing importance of school health programme for quality education and over health of the society, and are introducing its various components in their education systems.

Castillo (2010) explained games are an innovative and challenging educational method. They have long been used as a teaching strategy in both and adult education. They have been also used in teaching healthy habits, personal hygiene, nutrition, sex education in school children.

Children's Hygiene and Sanitation Training (CHAST) is an approach for promoting personal hygiene among children. CHAST is based on the well-established Participatory Hygiene and Sanitation Transformation approach and uses a range of exercises and educational games to teach children aged between five and twelve about the links between personal hygiene and health. The approach is based upon the premise that hygiene practices are largely acquired during childhood and therefore it is much easier to change children's habits than those of adults (De Vreede, 2010).



### **Literature Related to Snake and ladder games**

Anand. M. K (2010) explained community health education is an important part of primary health care. Learning about how illnesses such as diarrhea are caused and what can be done to prevent them can help to improve community health. Community health education should build on local beliefs and practices and should use teaching methods and techniques which are actually appropriate and relevant. Many health workers don't have training in these. Another way of using visual images is with games. These could be either board games such as 'snakes and ladders', or pictures and games. Games are a good way to involve people in active learning which is always the most effective kind. Taking part in a game is far more interesting than listening to a talk and the messages are more likely to remember. The board game illustrated shows how certain practices will results in illness and other practices in health and growth.

Christina Maria (2011) conducted a study was to assess the effectiveness of snake and ladder game on ailments of children and the results revealed that regarding the existing knowledge of the children there was a lack of knowledge in all selected common ailments. Knowledge was highest in the areas of dental caries (13.3%) and the lowest in the area of worm infestation (42.5%). Regarding the effectiveness of snake and ladder on 'knowledge of common ailments' it was found to be effective in terms of increasing the knowledge scores. The major findings of the study were ; the post test knowledge scores were higher than the pretest knowledge scores and the differences between the pretest and post test knowledge scores were statistically significant at 5% level't'(59)=19.16,  $p<0.05$ . This indicates that the game was an

effective method of imparting information to the children regarding common ailments.

Haa Shitiq (2010) conducted a study, the snakes and ladders board game concept was chosen because it facilitates small group interactivity among learners. Twenty two multiple choice and true or false questions were developed from the material adapted from a nationally accredited educational workshop, “changing dynamics of stroke prevention and management”. These questions were read and discussed by each team of participants. Each game involved three teams (pairs) of physician, and one trained moderator who facilitated the game. Kept time and had the answers to the game’s questions. At the conclusion of the CME session, and after completing the immediate post test of knowledge, all but one of the participants completed the session - evaluation questionnaire. Game based participants more frequently choose “strongly agree” (5 on the 5 points scale) for many of the statements. A higher proportion of game based versus case based participants strongly agreed that the event was enjoyable, that their attention was high throughout the event.

Kairoz (2012) conducted an experimental study to determine, the teaching of basic health concepts of school age children, the effectiveness of an educational strategy based on the traditional children games among children from 9-11 years old. The children were randomly divided into two groups. The children in group A used a modified version of a Mexican popular game “snakes and ladders” that included message on basic health concepts; the children in group B made up the control group and did not play the modified game. After the educational intervention the test scores, out of maximum possible score of 10 were 9.3.

## **Conceptual Framework**

The conceptual model provides a certain frame of reference for clinical practice, research and education. The quality of the conceptual model comes from the organization. They provide for thinking for observations and for interpreting what is seen. They also give direction for relevant questions on phenomena, and point out solution to practical problems (Faweett, 1984).

Conceptual frame work used for this study is based on General System Theory. The basic concepts of general system theory were proposed in the 1950's. One of its major proponents; Ludwig Von Bertalanffy (1980) introduced system theory as a universal theory that could be applied to many fields of nursing.

A system is a set of interacting identifiable parts or components and it depends in the quality and quantity of its input, through put, output and feedback. The system has a specific purpose or goal and uses a process to achieve the goal.

### **Input**

The first component of the system is input consists of information, material, or energy that enters the system.

Input include the demographic variables such as age in years, sex, education, religion, education of father, education of mother, occupation of father, family income, number of children, birth order, area of residence, type of family, water supply, sanitation and also the pretest assessment of knowledge and practice regarding healthy habits using prepared questionnaire for children.

**Throughput**

Throughput is the activity phase. After the input is absorbed by the system, it is processed in a way useful to the system.

Administration of snake and ladder game regarding healthy habits for duration of 1 hour for 15 days acts as throughput in this present study.

**Output**

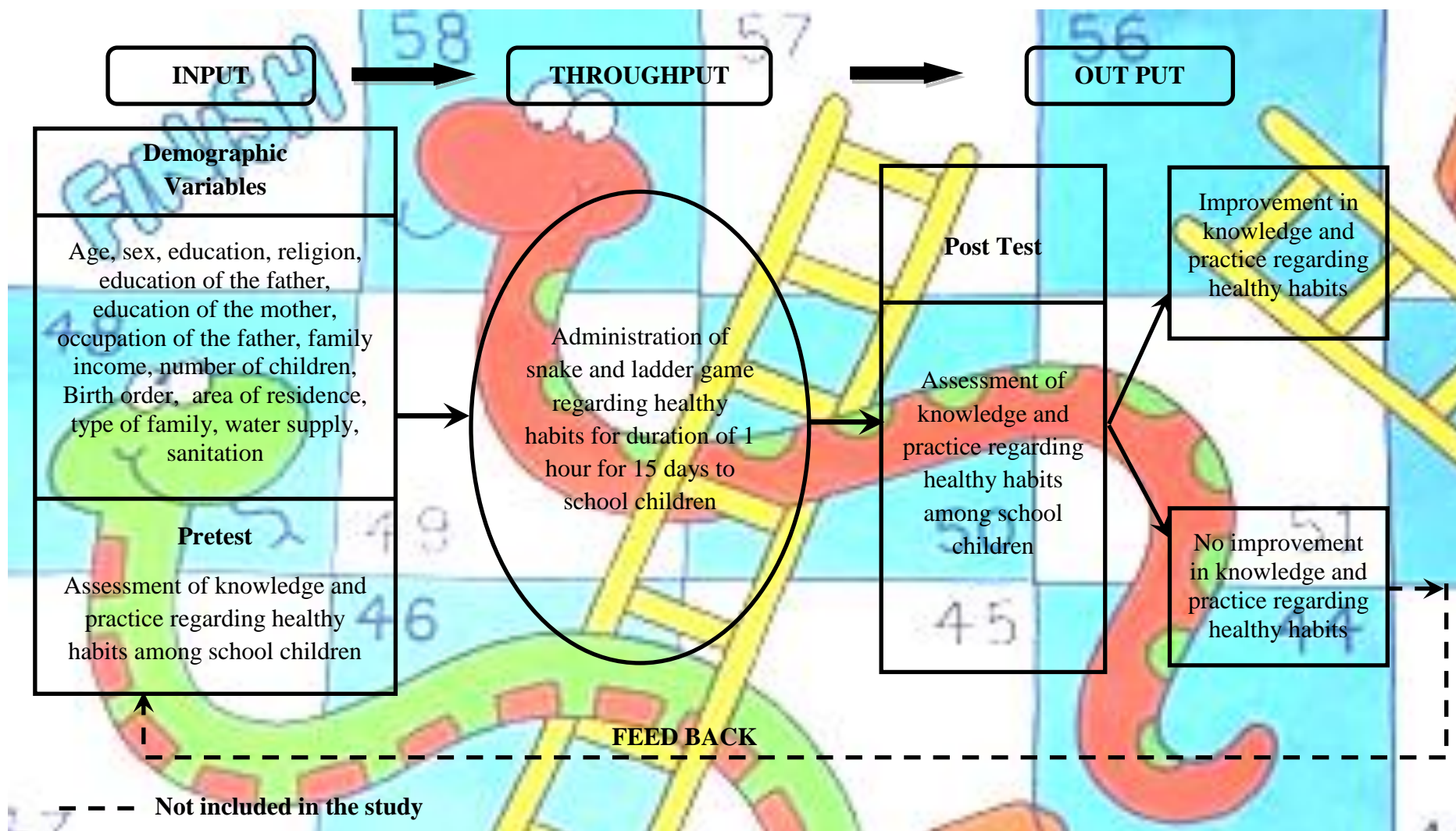
The information are continually processed through the system and released as output in an altered state.

The improvement in the level of knowledge and practice regarding healthy habits after snake and ladder game, acts as the output in this present study.

**Feed Back**

Feed back is the mechanism by which some of the output of a system regulates itself by redirecting the output of the system back in to the system as input, thus forming a feedback loop. This is a continuous process that takes place in the system.

The reassessment of knowledge and practice regarding healthy habits acts as the feedback. This is not included in the present study.



**Figure. 1** Modified Conceptual Frame Work Based on Von Bertalanffy General System Model (1968)

## CHAPTER - III

### Methodology

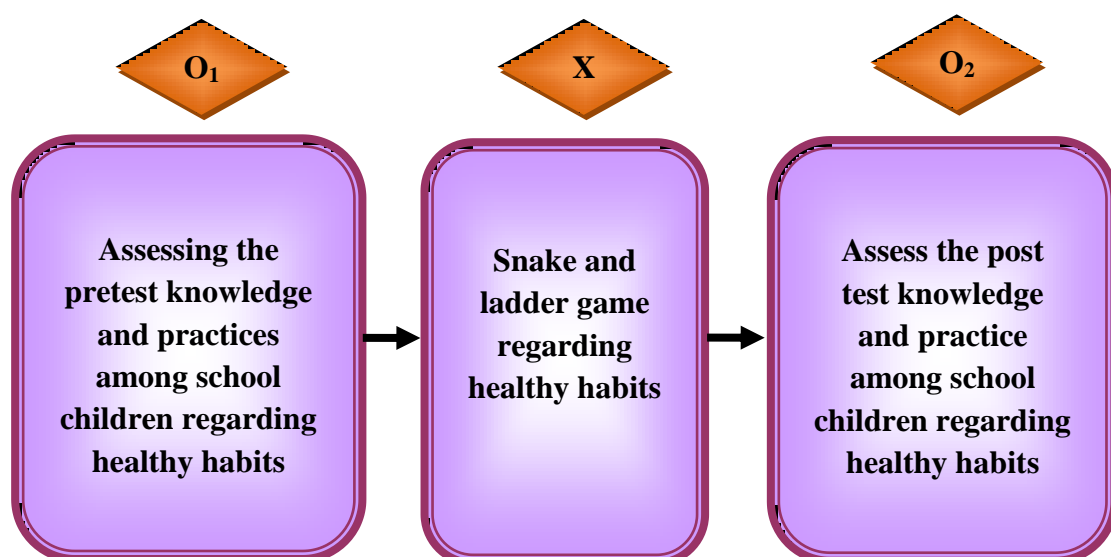
It included research approach, research design, setting of the study, population, sample size, sampling technique, criteria for the selection of sample, description of the tool, content validity, reliability, pilot study, procedure of data collection and plan for data analysis.

#### Research Approach

Experimental approach, a subtype of quantitative approach was used for the present study.

#### Research Design

The research design adopted for this study is Pre experimental one group – pretest post test design.  $O_1$  is pretest assessment,  $O_2$  is the post test assessment and X is the intervention (snake and ladder game regarding the healthy habits).



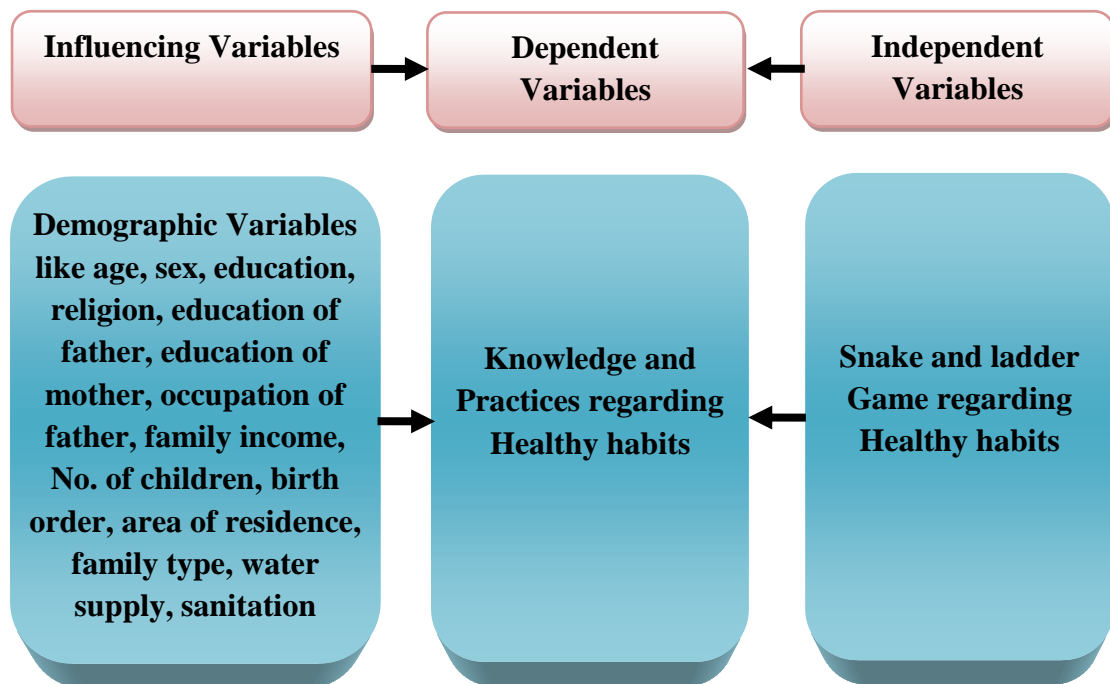
**Figure. 2** The Schematic Representation of Research Design

### Setting of the Study

The study will be conducted among school children who are studying at Government Primary School, Kalapatti, 15 Km away from Coimbatore city. It is a school consisting 500 students.

### Variables

Independent variable is snake and ladder game regarding healthy habits among school children. The dependent variable is knowledge and practice of children regarding healthy habits. The influencing variables are demographic variables.



**Figure. 3** The Schematic Representation of the Variables

### Population

The population of present study is of children who are studying in 2<sup>nd</sup> to 4<sup>th</sup> standard children at Government Primary School, Kalapatti during the period of data collection.

### **Sample Size**

The sample size included for the study consists of 60 school children.

### **Sampling Technique**

Simple random sampling technique was used to select the samples for the present study.

### **Criteria for the Selection of Sample**

#### **Inclusive Criteria**

- Children studying in Government Primary school, Kalapatti, Coimbatore.
- Children who were willing to participate.
- Children those who were present at the time of data collection.
- Children who are able to read and write Tamil/English.

#### **Exclusive Criteria**

- Children who are selected during pilot study.
- Children who are not interested in snake and ladder game.
- Children those who were having sensory problems.

### **Description of Tool**

The researcher has developed an interview schedule after reviewing the literature and considering the opinion of pediatric nursing experts, to assess the knowledge and practice regarding selected aspects on healthy habits. The instrument contains the following sections.



**Section – A Distribution of Demographic Variables**

Demographic data of the participants include age in years, sex, education, religion, education of father, education of mother, occupation of father, family income, numbers of children, birth order, type of family, water supply and sanitation.

**Section – B Questions Regarding Knowledge on Healthy Habits**

It consists of 30 questions for the assessment of knowledge of school children regarding healthy habits.

**Interpretation of Questionnaire**

Each question has 4 options in which the correct answer carries one mark and the wrong answer carries zero mark. Maximum score for this section is 30 marks and minimum score is zero marks.

**Section – C Questions Regarding Practices of Healthy Habits**

It consists of 20 questions related to assessment of the practice of school children regarding healthy habits.

**Interpretation of Questionnaire**

Each question can be answered by the students in three categories like regularly, occasionally and never.

**Positive Questions**

‘Yes, regularly’ carries two marks; ‘Yes, occasionally’ carries one mark and ‘No, never’ carries zero mark.

**Negative Questions**

‘Yes, regularly’ carries zero marks; ‘Yes, occasionally’ carries one mark and ‘No, never’ carries two mark. The maximum score is allotted for this section is 40 and minimum score is zero.

**Testing of Tool****Content Validity**

The tool was given to five experts in the field of nursing and medicine for content validity. All comments and suggestions was given by the experts were duly considered and corrections were made.

**Reliability of Instrument**

The reliability of the tool was determined by Spearman Brown’s Split Half Technique. The value of ‘ $r$ ’ = +0.9 for knowledge questionnaire and ‘ $r$ ’ = +0.9 for practice questionnaire. So the tool was considered as highly reliable.

**Pilot Study**

In order to test the relevance and practicability of the study, a pilot study was conducted among 6 school children studying in Government Primary school at Kalapatti, Coimbatore for a period of one week. The knowledge and practice regarding healthy habits were assessed with the prepared questionnaire. The game based teaching module was given with the help of Snake and Ladder game on healthy habits. The post test result of the pilot study showed that there was an improvement in knowledge and practice regarding healthy habits among school children.

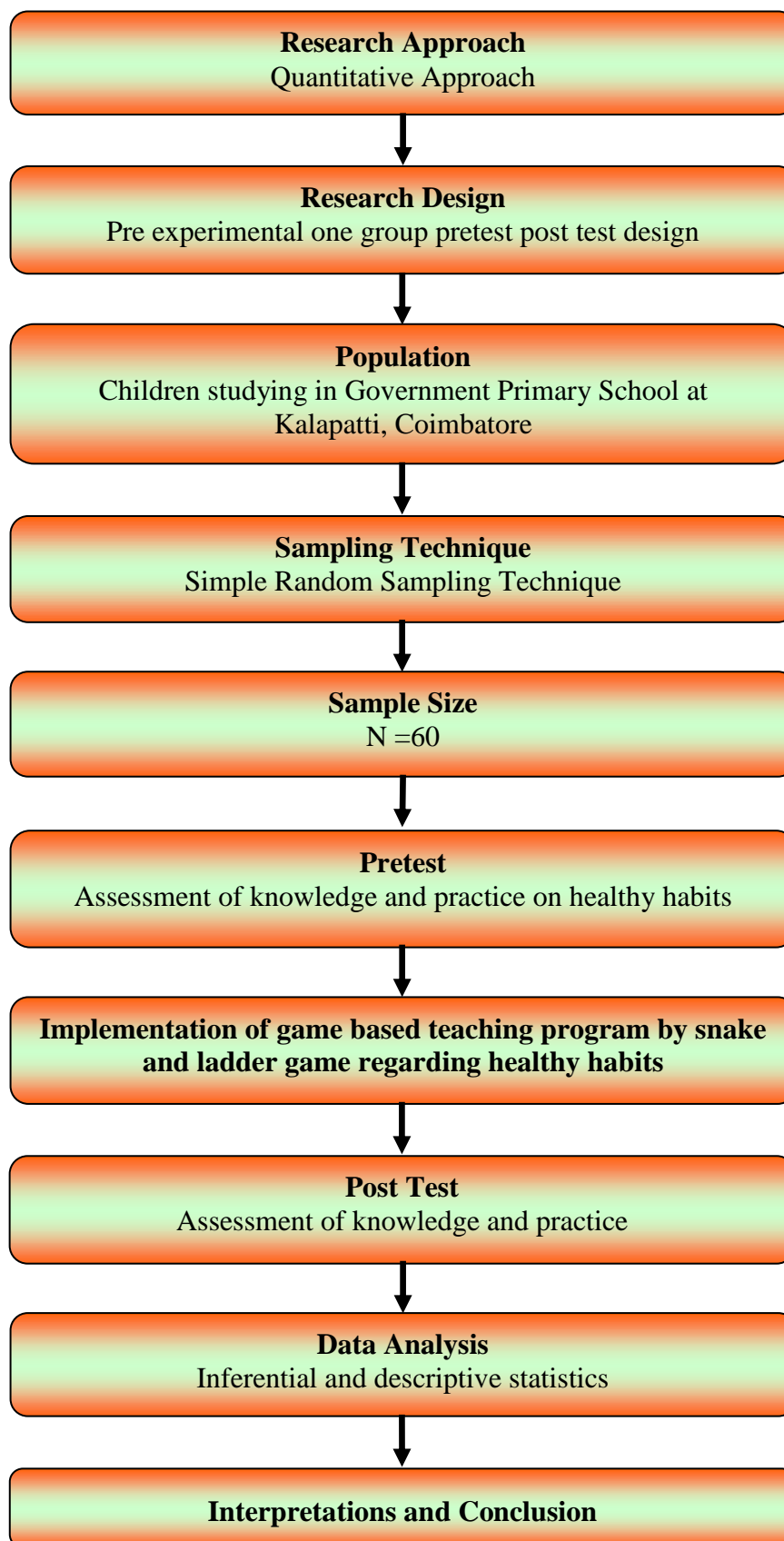
### **Data Collection Procedure**

The data collection was done from 01-01-2014 to 31-01-2014 by using structured questionnaire method. Prior permission was obtained from School Headmistress and class coordinators, samples were selected by simple random sampling technique. On the first to sixth day of the study pretest was conducted for 60 school children by administering the questionnaire. On seventh to seventeenth day the planned game based teaching was delivered to the school children for about 1 hour, to 12 children per day regarding healthy habits by using snake and ladder game on healthy habits. The post test was conducted for these 60 students on the 25<sup>th</sup> to 30<sup>th</sup> day, to find out the effectiveness of snake and ladder game on healthy habits by administering the same questionnaire.

### **Plan for Data Analysis**

The researcher adapted descriptive and inferential statistics to analyze the data. The demographic variables were analyzed by using frequency and percentage. The effectiveness of snake and ladder game regarding healthy habits was analyzed by using paired 't' test, association between demographic variables was analyzed by  $\chi^2$  test.

- Demographic variable of school children.
- Knowledge regarding healthy habits.
- Practice regarding healthy habits.
- Inferential statistics were used to determine the relationship and comparison to identify the differences.
- 't' test was used to compare the knowledge and practice regarding healthy habits.
- Chi-Square test was computed to find out the association between knowledge and practice on healthy habits with selected demographic variables.



**Figure. 4** The Overall Review of Research Methodology

## **CHAPTER - IV**

### **Data Analysis and Interpretation**

This chapter deals with the analysis and interpretation of the data collected from the school children, who are studying Government Primary School, Kalapatti, to assess the knowledge and practice regarding the healthy habits.

The findings based on the descriptive and inferential statistical analysis tabulated as follows

**Section - I :**      Distribution of demographic data

**Section - II :**      Distribution of statistical value of pretest and post test knowledge and practice on healthy habits among school children.

**Section - III :**      Description about association of demographic variable with the level of knowledge and practice on healthy habits among school children.

## SECTION - I

**Table. 1** Distribution of Demographic Variables of the School Children

(N = 60)

S.No.	Demographic Variables	Frequency (f)	Percentage (%)
1.	<b>Age in years</b>		
	a) 7 – 9 years	20	33.3
	b) 9- 11 years	36	60
	c) 11- 13 years	04	6.7
2.	<b>Sex</b>		
	a) Male	29	48.3
	b) Female	31	51.7
3.	<b>Education</b>		
	a) STD II	20	33.3
	b) STD III	20	33.3
	c) STD IV	20	33.4
4.	<b>Religion</b>		
	a) Hindu	54	90
	b) Christian	6	10
	c) Muslim	0	0
5.	<b>Education of the father</b>		
	a) Illiterate	0	0
	b) Primary	42	70
	c) Higher secondary	18	30
	d) Graduate and above	0	0

(Table 1 continues)

(Table 1 continued)

S.No.	Demographic Variables	Frequency (f)	Percentage (%)
6.	<b>Education of the mother</b>		
	a) Illiterate	0	0
	b) Primary	46	77
	c) Higher secondary	14	23
	d) Graduate and above	0	0
7.	<b>Occupation of the father</b>		
	a) Government employee	0	0
	b) Private employee	3	5
	c) Business	53	88.3
	d) Coolie	4	6.7
8.	<b>Family income (₹)</b>		
	a) Below ₹. 5000/-	10	16.7
	b) ₹. 5001 - 10,000/-	50	83.3
	c) ₹. 10,001 -20,000/-	0	0
	d) ₹. 20,001/- and above	0	0
9.	<b>Number of children</b>		
	a) 1	14	23.3
	b) 2	37	61.7
	c) 3 and above	9	15

(Table 1 continues)

(Table 1 continued)

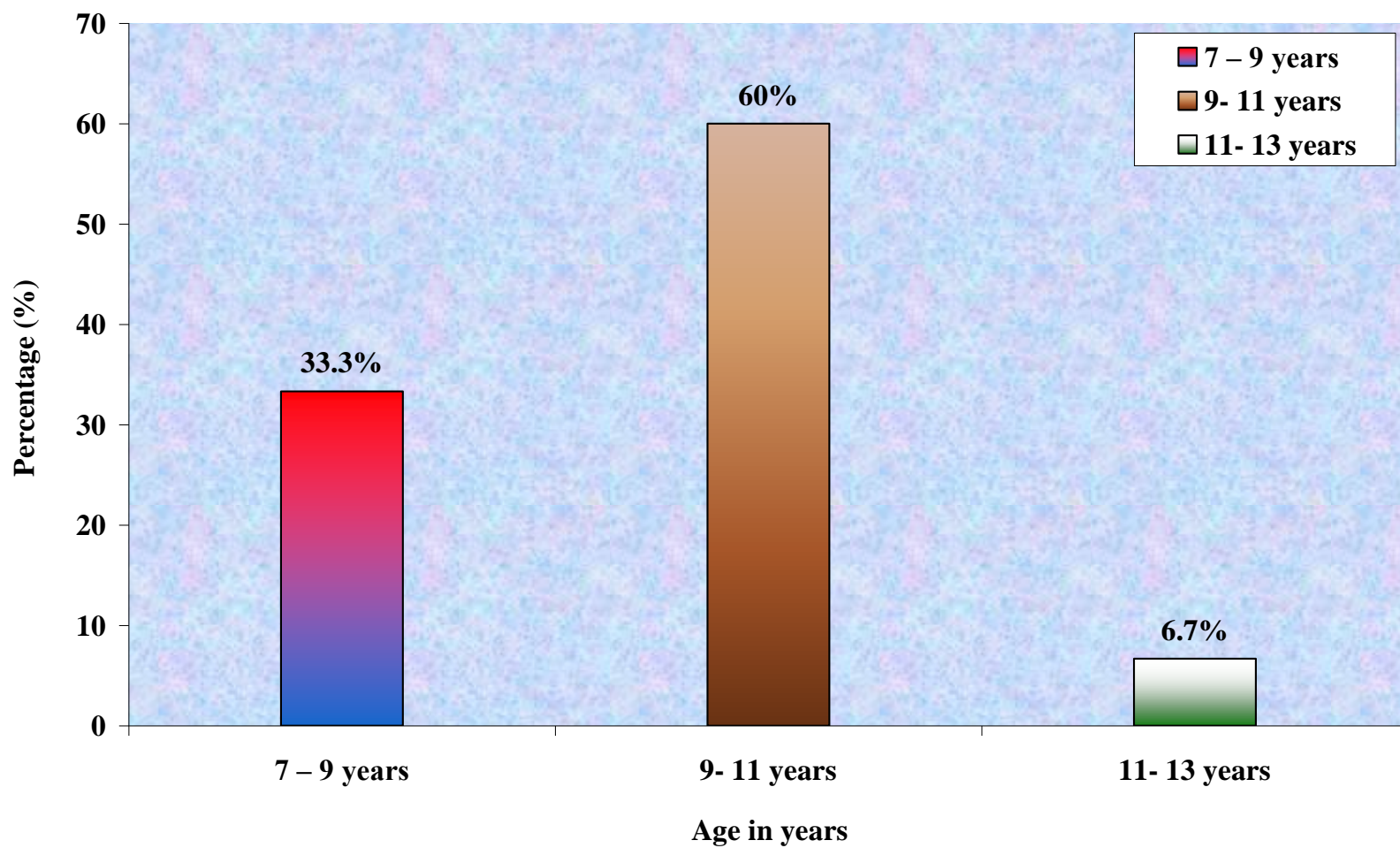
S.No.	Demographic Variables	Frequency (f)	Percentage (%)
10.	<b>Birth order</b>		
	a) I	21	35
	b) II	36	60
	c) III and others	3	5
11.	<b>Area of residence</b>		
	a) Urban	57	95
	b) Rural	0	0
	c) Semi urban	3	5
12.	<b>Type of family</b>		
	a) Joint	3	5
	b) Nuclear	57	95
13.	<b>Water supply</b>		
	a) Public tap	60	100
	b) Pond	0	0
	c) Well	0	0
14.	<b>Sanitation</b>		
	a) Open	0	0
	b) Closed	60	100



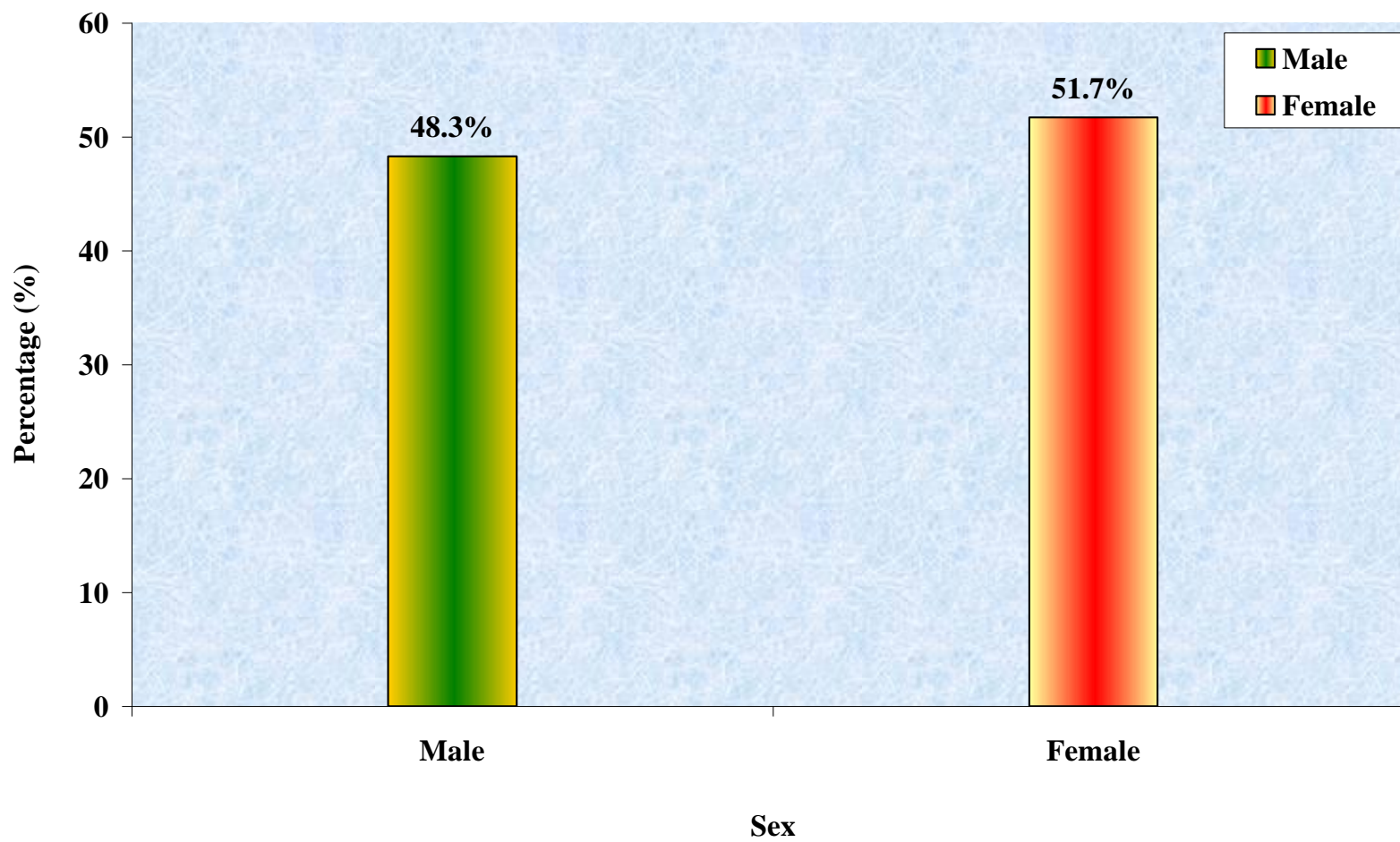
Table 1 reveals the distribution of the demographic variables of the school children.

- Considering the distribution of age of school children, 33.33% were coming under 6 – 8 yrs, 50% were coming under 8 – 10 yrs and 6.7% were coming under 10 – 12 yrs.
- Regarding sex of school children out of 60 samples, 48.3% males and females 51.7%.
- Regarding education of school children, 33.33% were studying in 2<sup>nd</sup> standard, 33.33% were studying in 3<sup>rd</sup> standard and 33.4% were studying in 4<sup>th</sup> standards.
- Based on the religion of the family, 90% of students were Hindus and 10% were Christians.
- Considering the education of the father, 70% were primary educated and 30% were secondary educated.
- With regard to the education of the mother, 76.7% were primary educated and 23.3% were secondary educated.
- Considering the occupation of the father, 88.3% were come under coolies, 6.7% were under business and 5% were under private job.

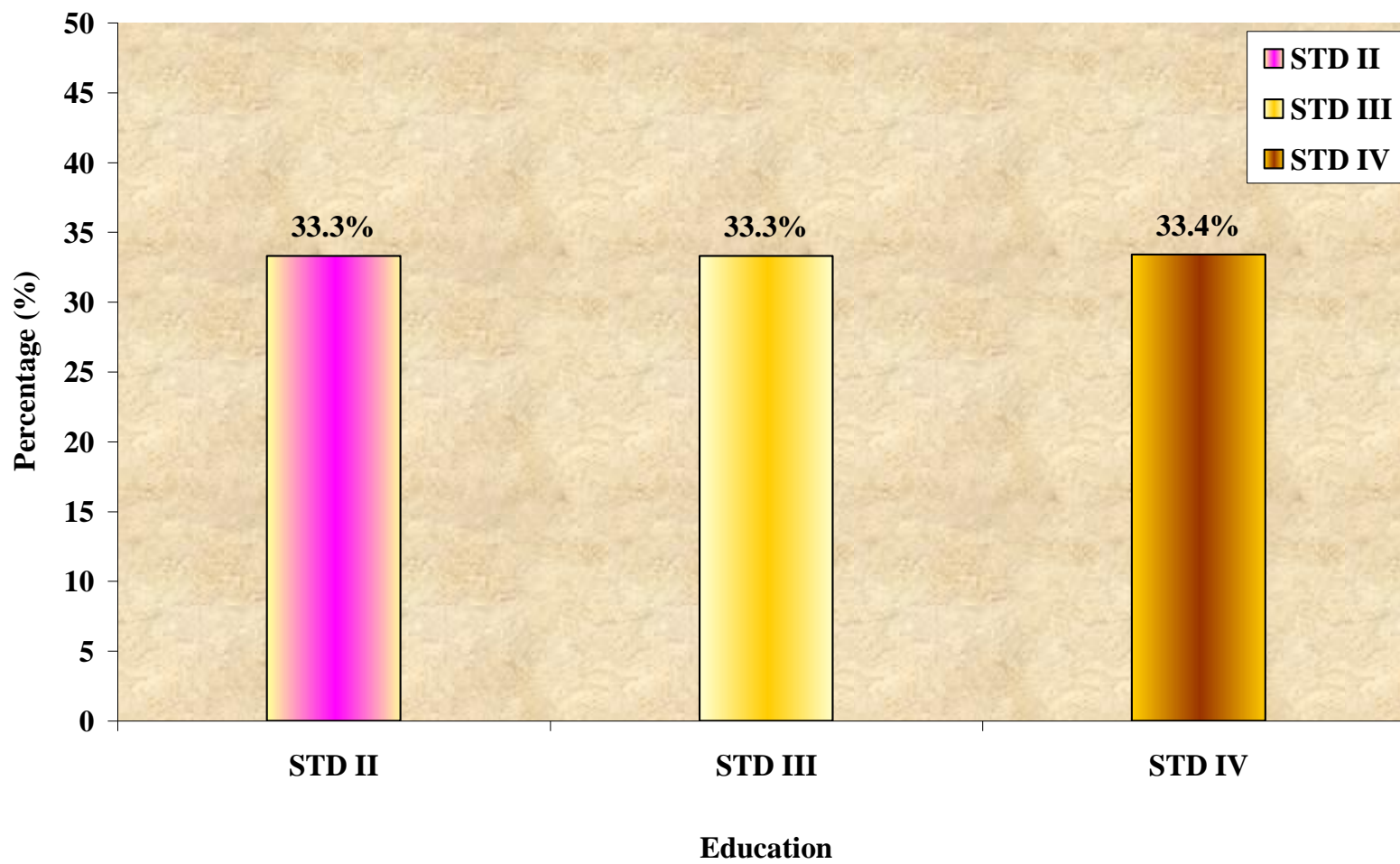
- Regarding family income, 83.3% were having between ₹. 5000–10,000 and 16.7% were having below ₹. 5000.
- With regard to the birth order, 35% were I, 60% were II and 5% were III and others.
- Regarding number of children in the family, 23.3% were coming under 1, 61.7% were coming under 2 and 15% were coming under 3 and above.
- Among the respondents, 95% were living in rural area and 5% were living in semi urban area.
- Regarding type of family, 95% were the member of nuclear family and 5% were the member of joint family.
- With regard to the water supply, 100% were using public tap.
- Considering the sanitation, 100% were using closed type.



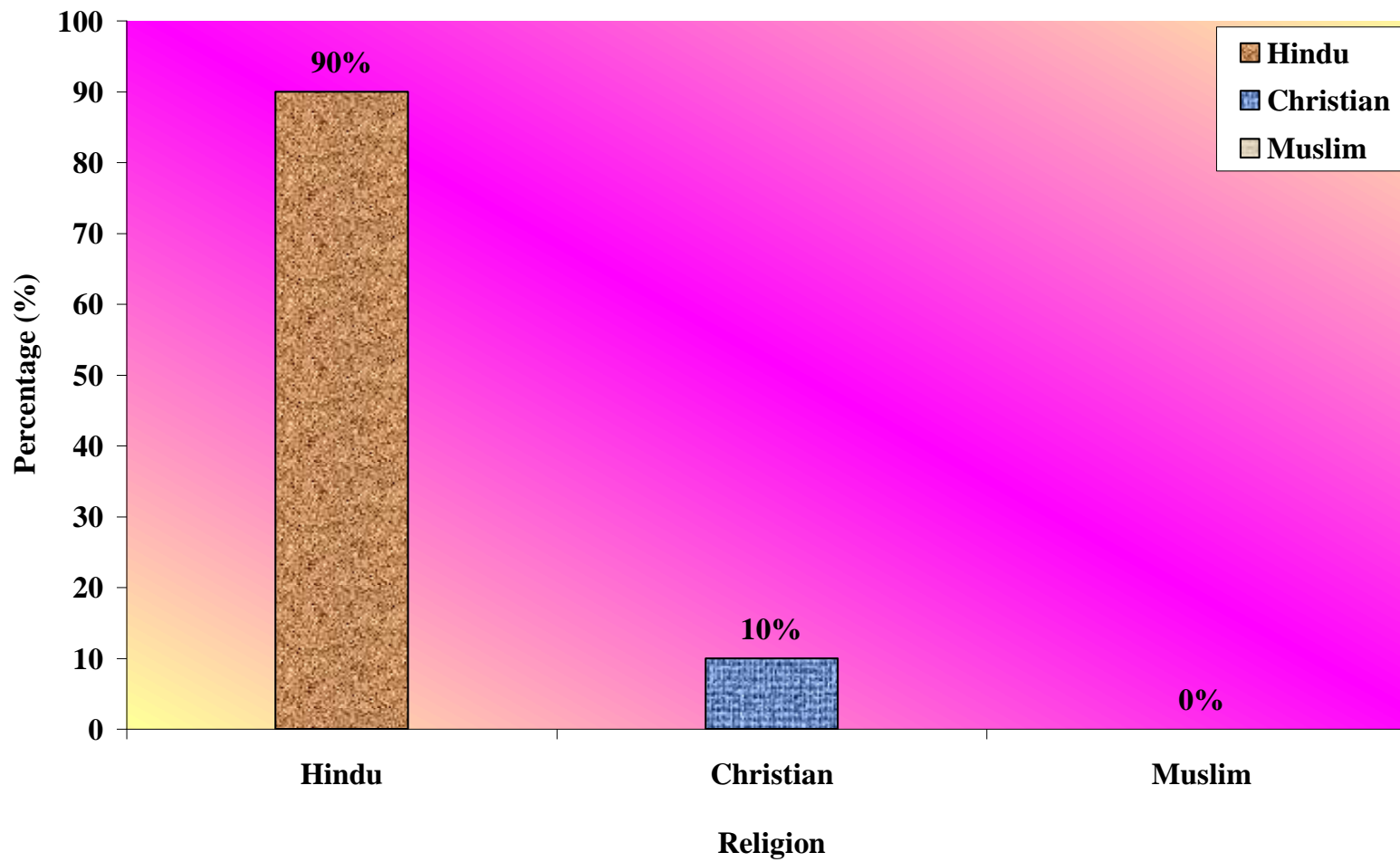
**Figure. 5** Distribution of Demographic Variables According to the Age



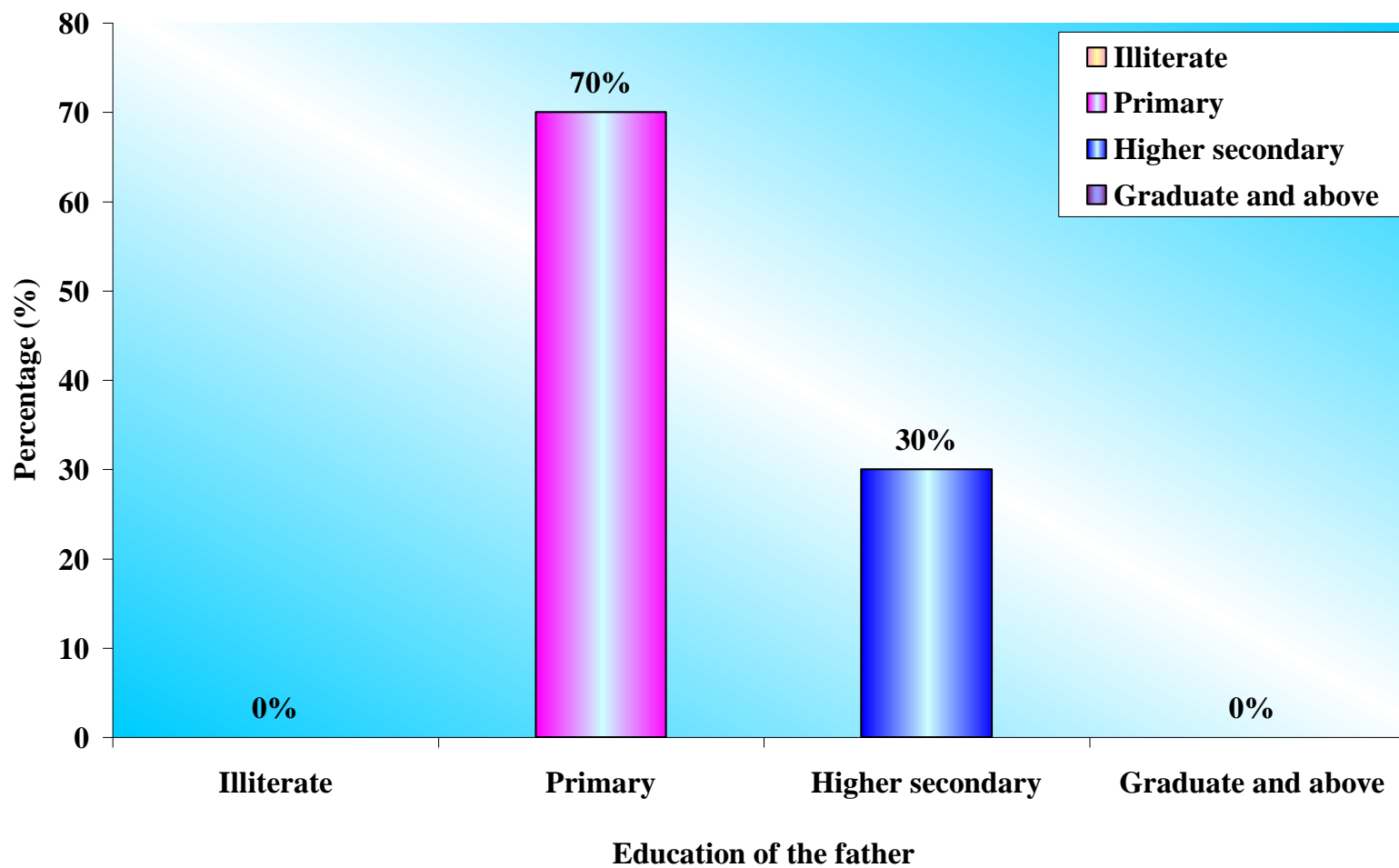
**Figure. 6** Distribution of Demographic Variables According to Sex



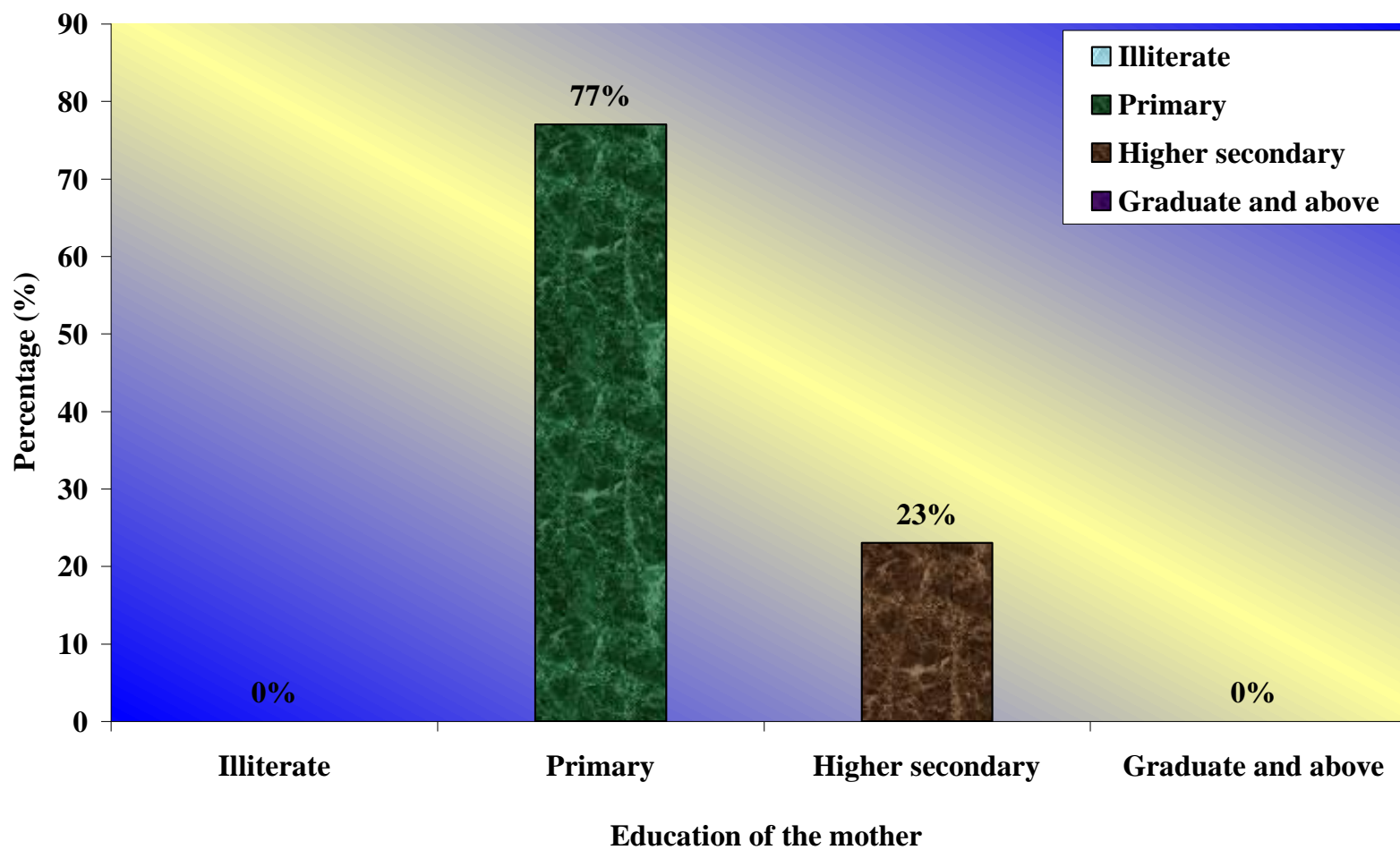
**Figure. 7** Distribution of Demographic Variables According to Education



**Figure. 8** Distribution of Demographic Variables According to Religion

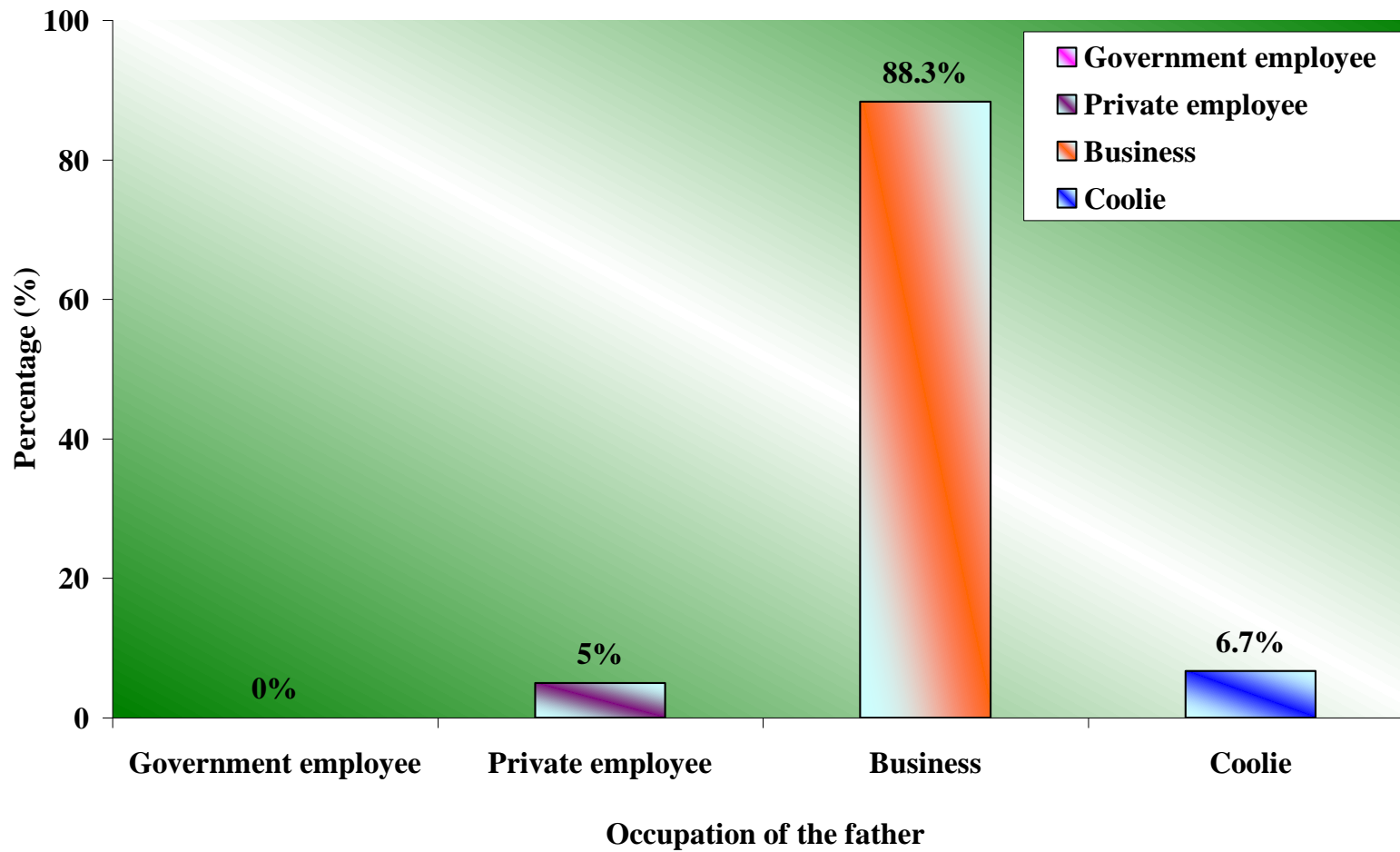


**Figure. 9** Distribution of Demographic Variables According to Education of Father

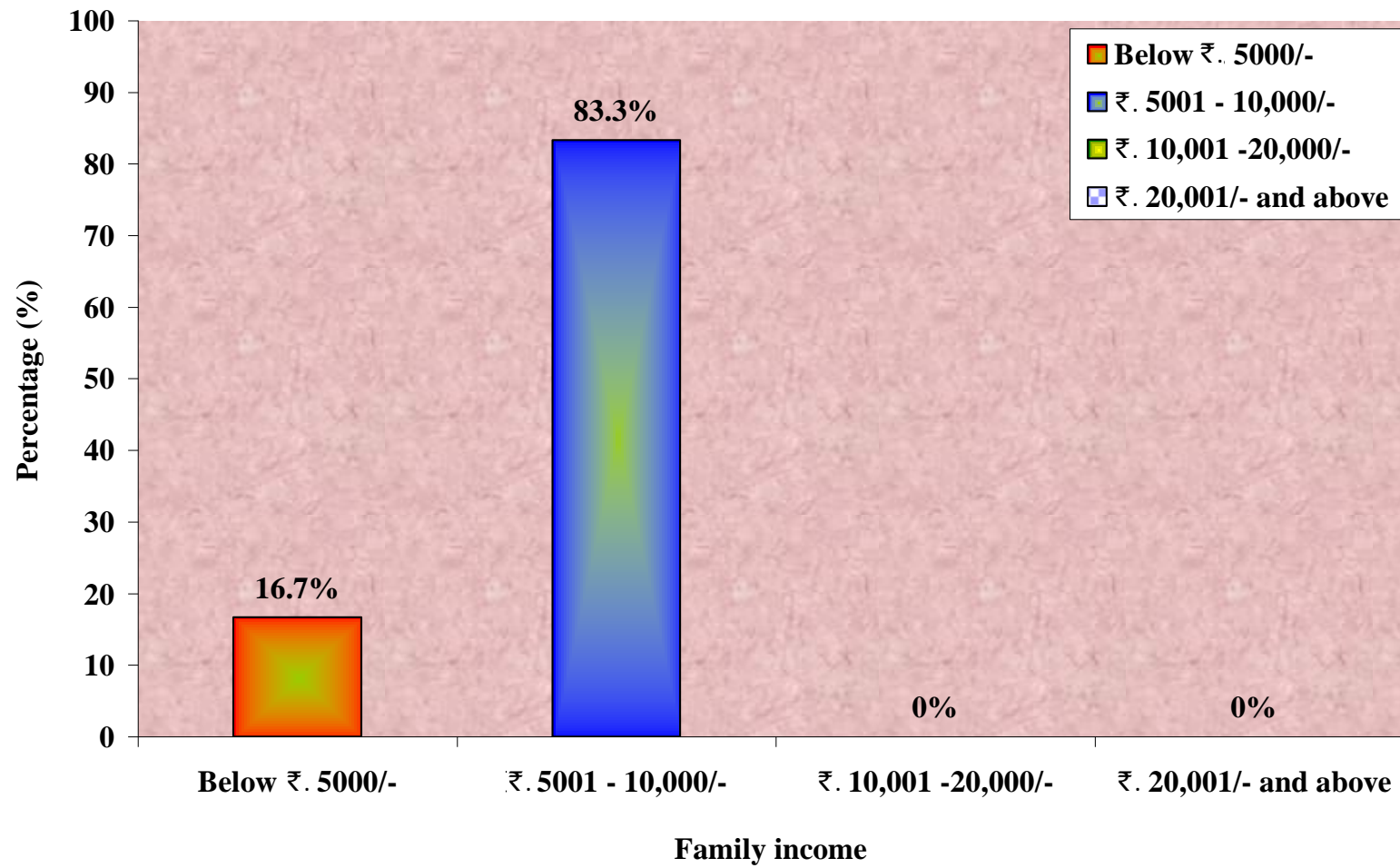


**Figure. 10** Distribution of Demographic Variables According to Education of Mother

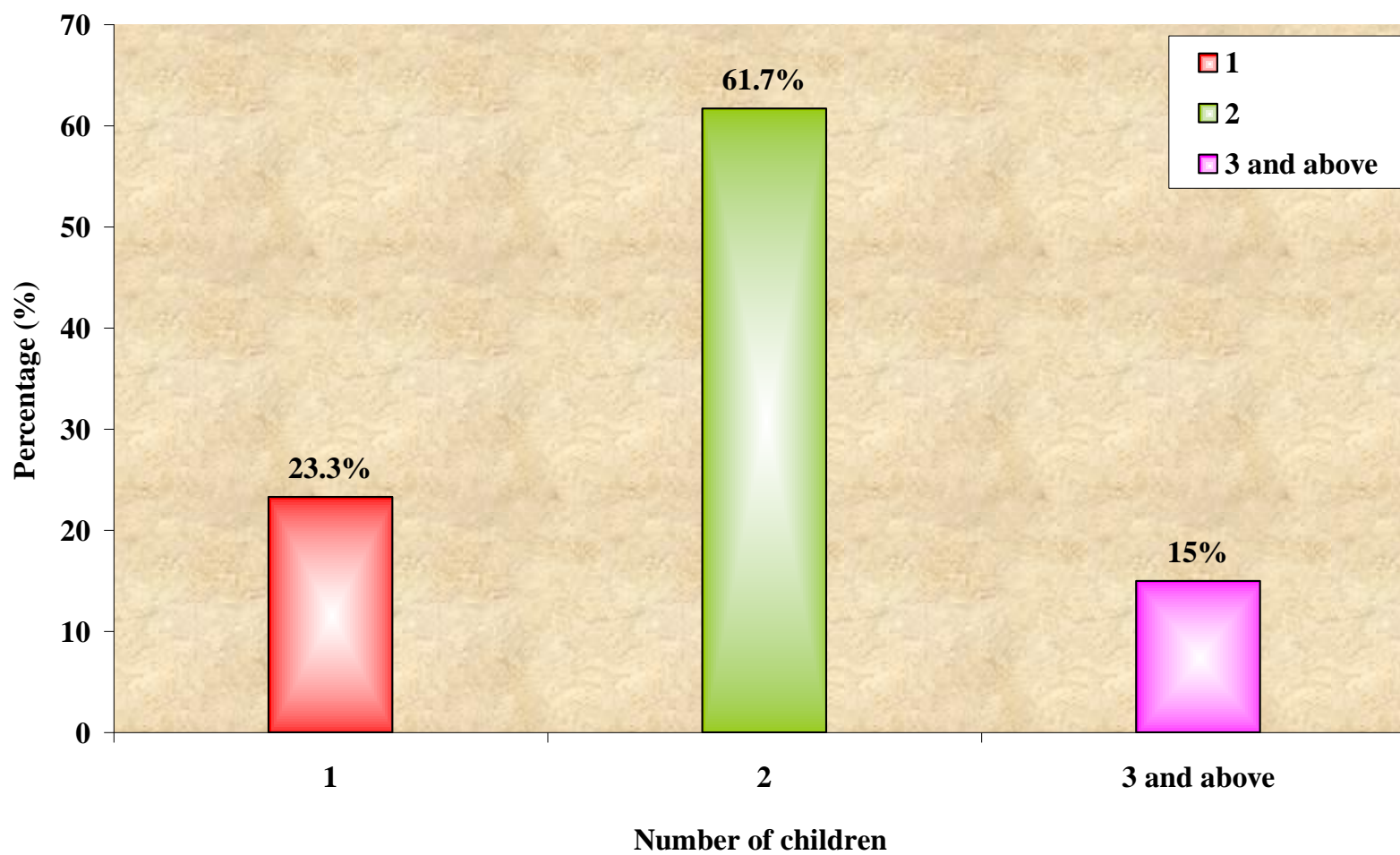




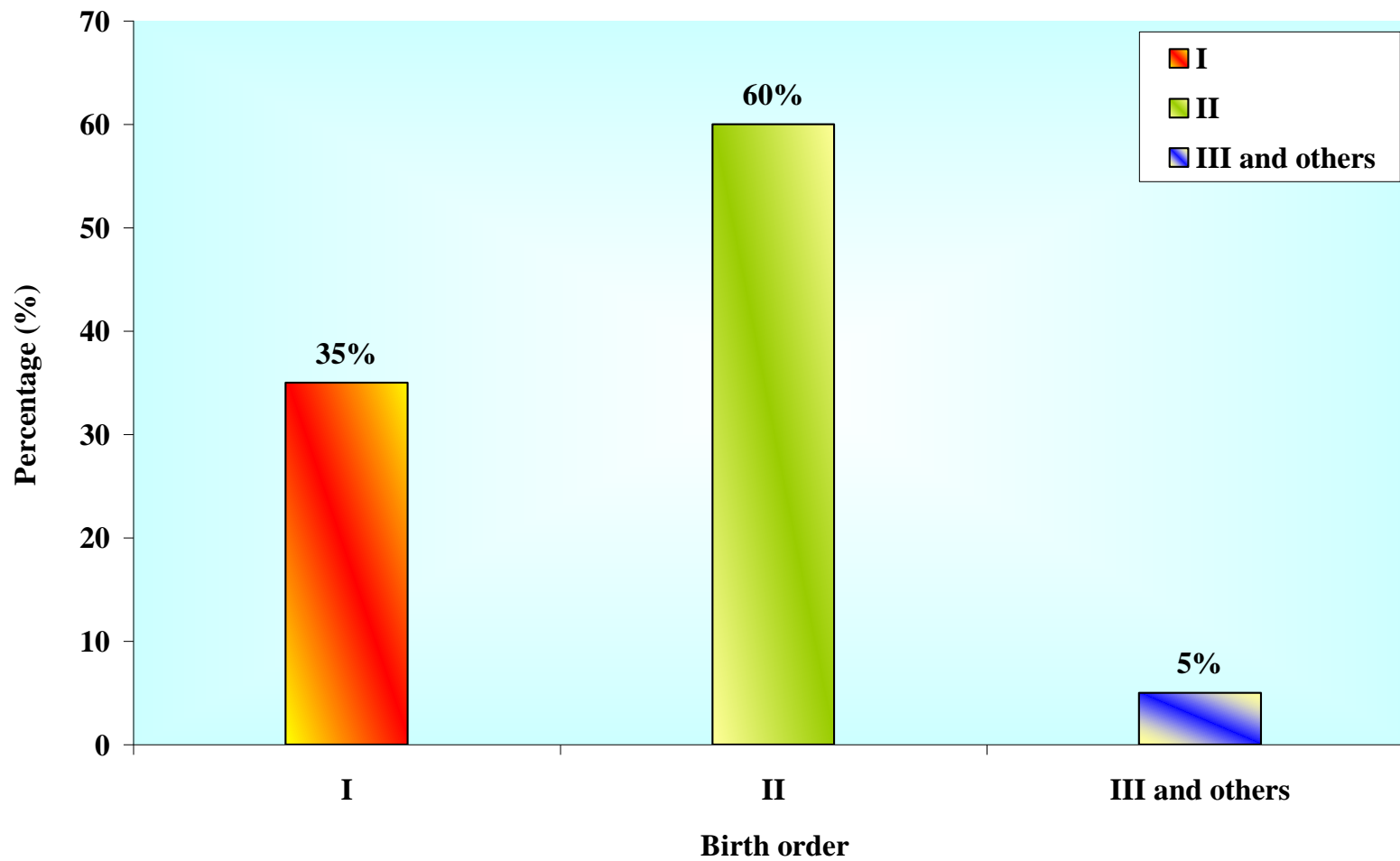
**Figure. 11** Distribution of Demographic Variables According to Occupation of Father



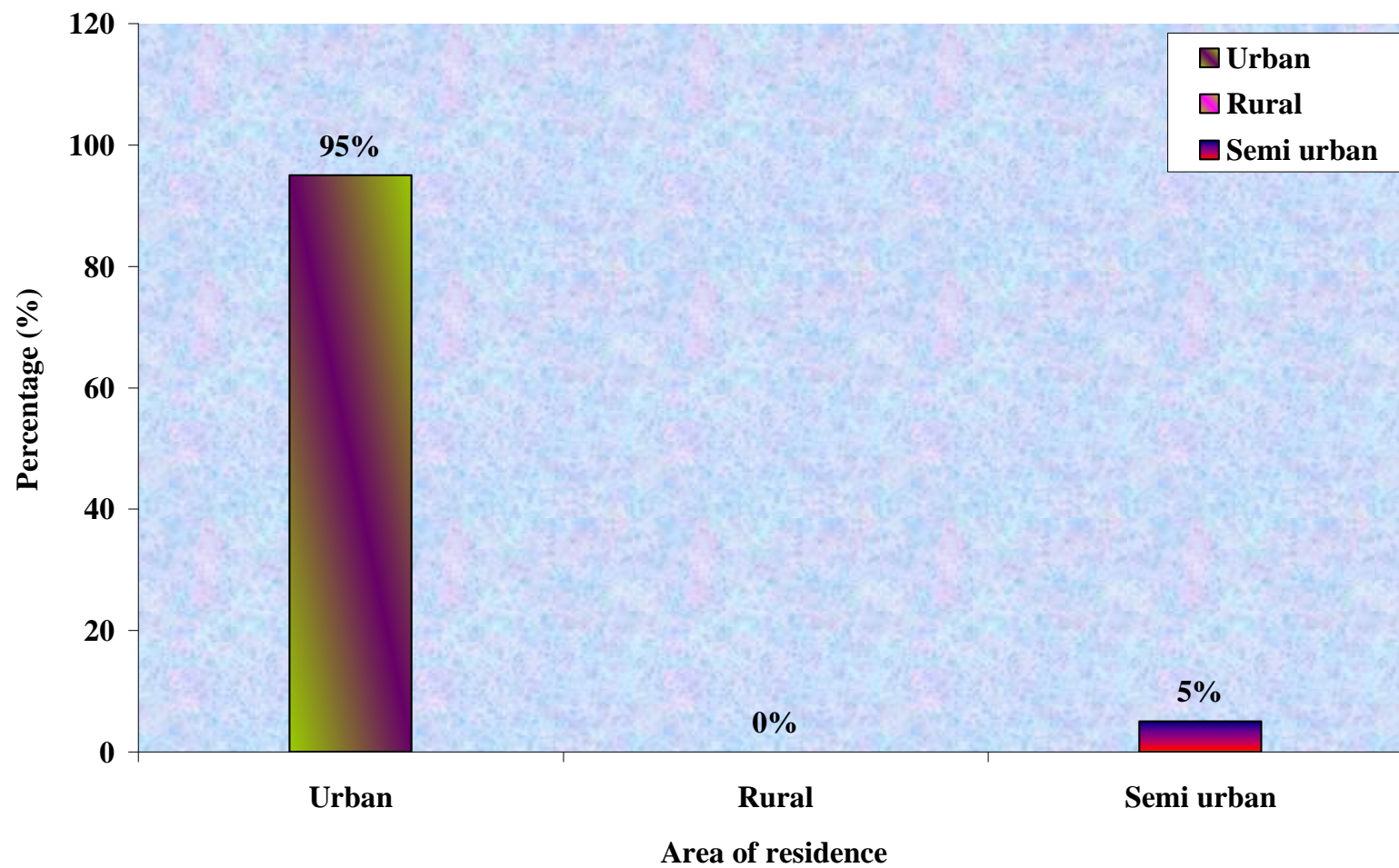
**Figure. 12** Distribution of Demographic Variables According to Family Income



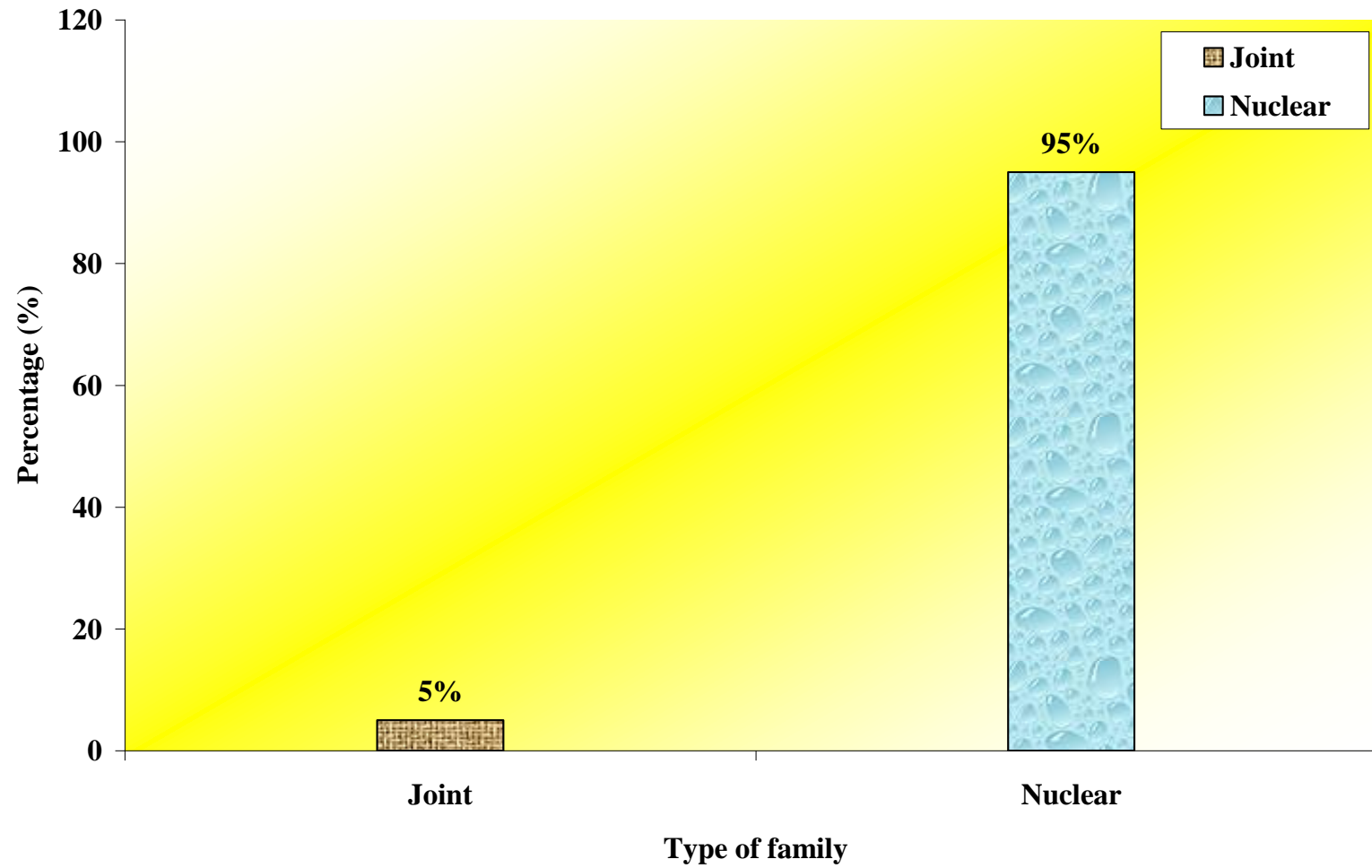
**Figure. 13** Distribution of Demographic Variables According to Number of Children



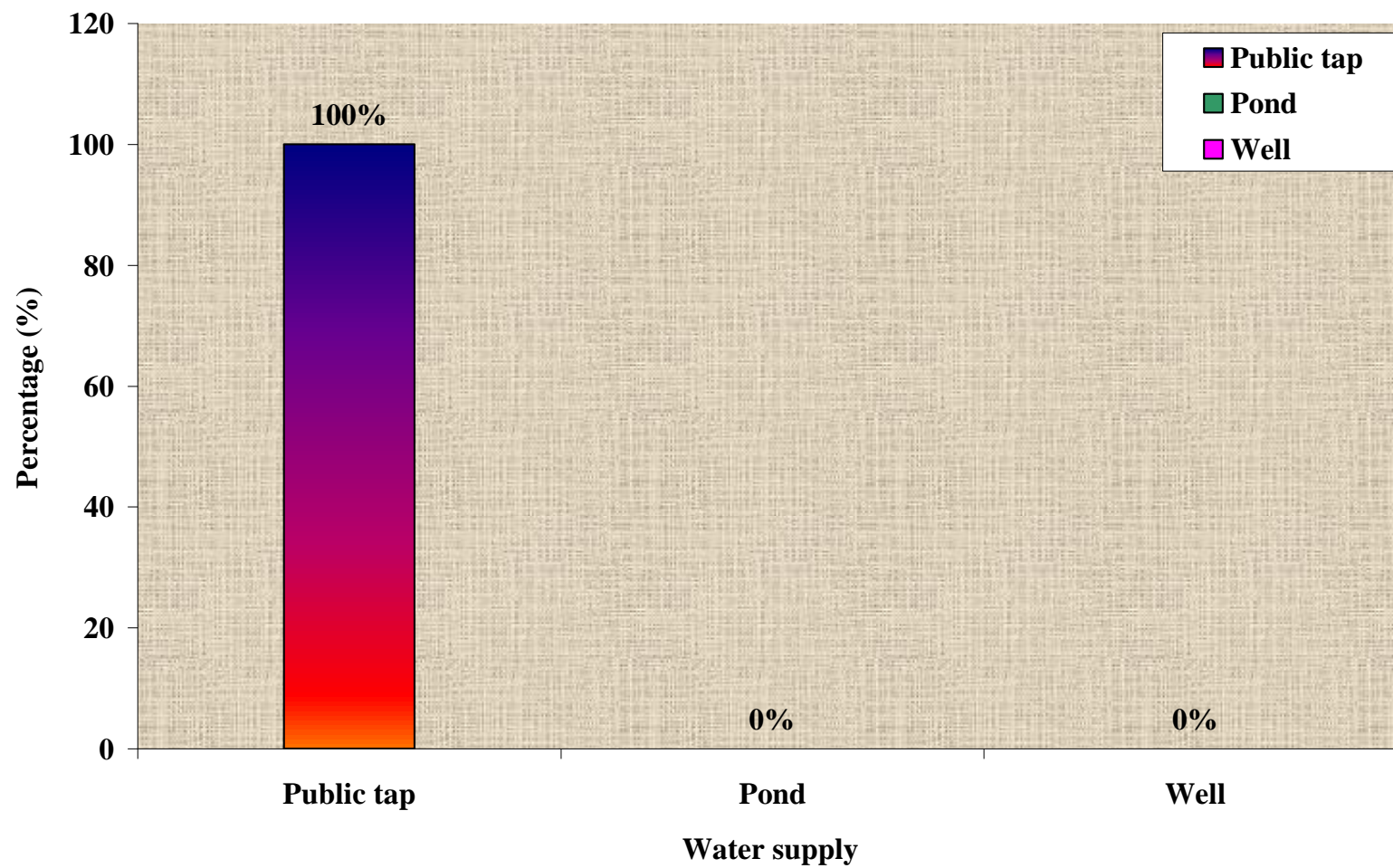
**Figure. 14** Distribution of Demographic Variables According to Birth Order



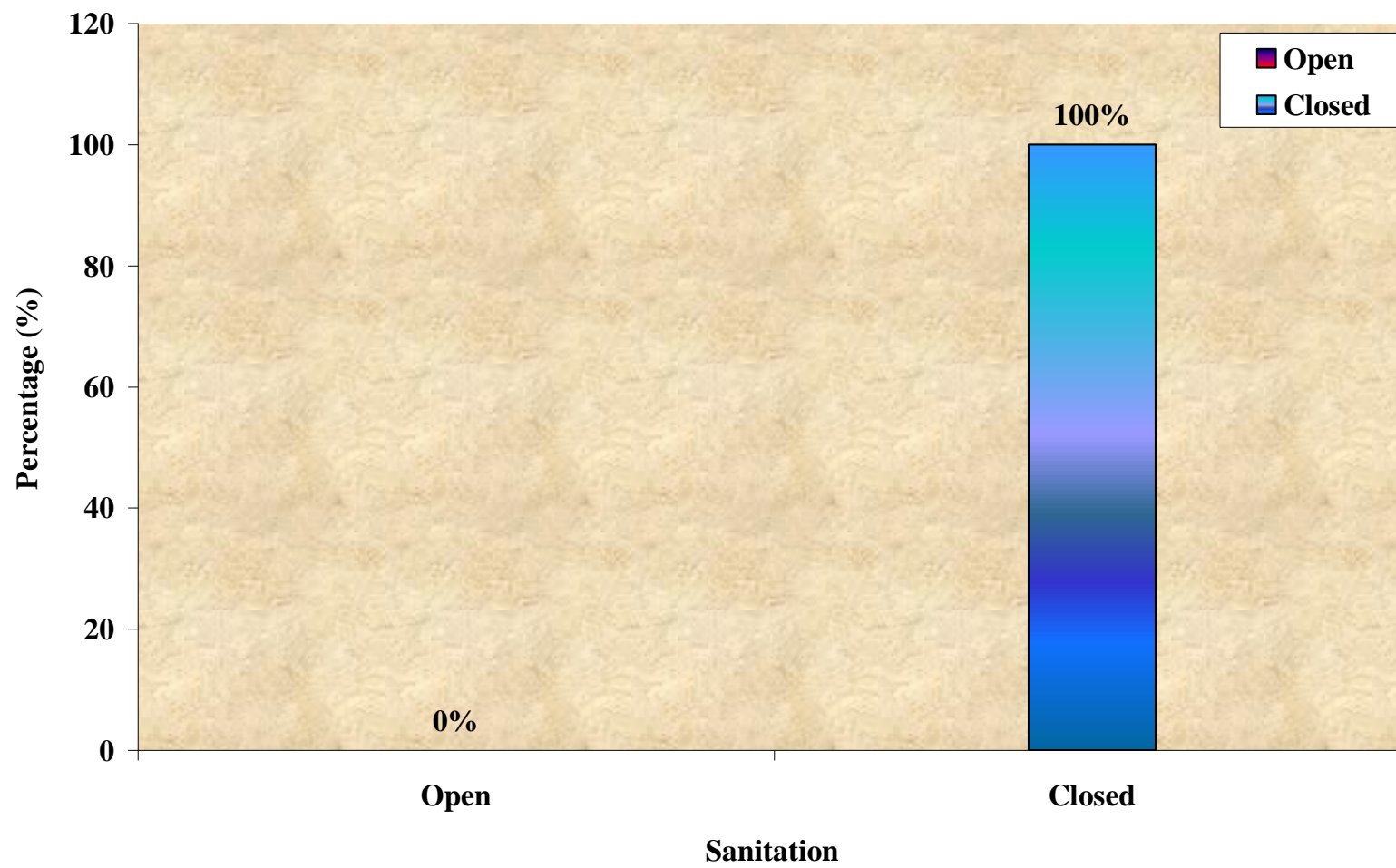
**Figure. 15** Distribution of Demographic Variables According to Area of Residence



**Figure. 16** Distribution of Demographic Variables According to Type of Family



**Figure. 17** Distribution of Demographic Variables According to Water Supply



**Figure. 18 Distribution of Demographic Variables According to Sanitation**



## SECTION - II

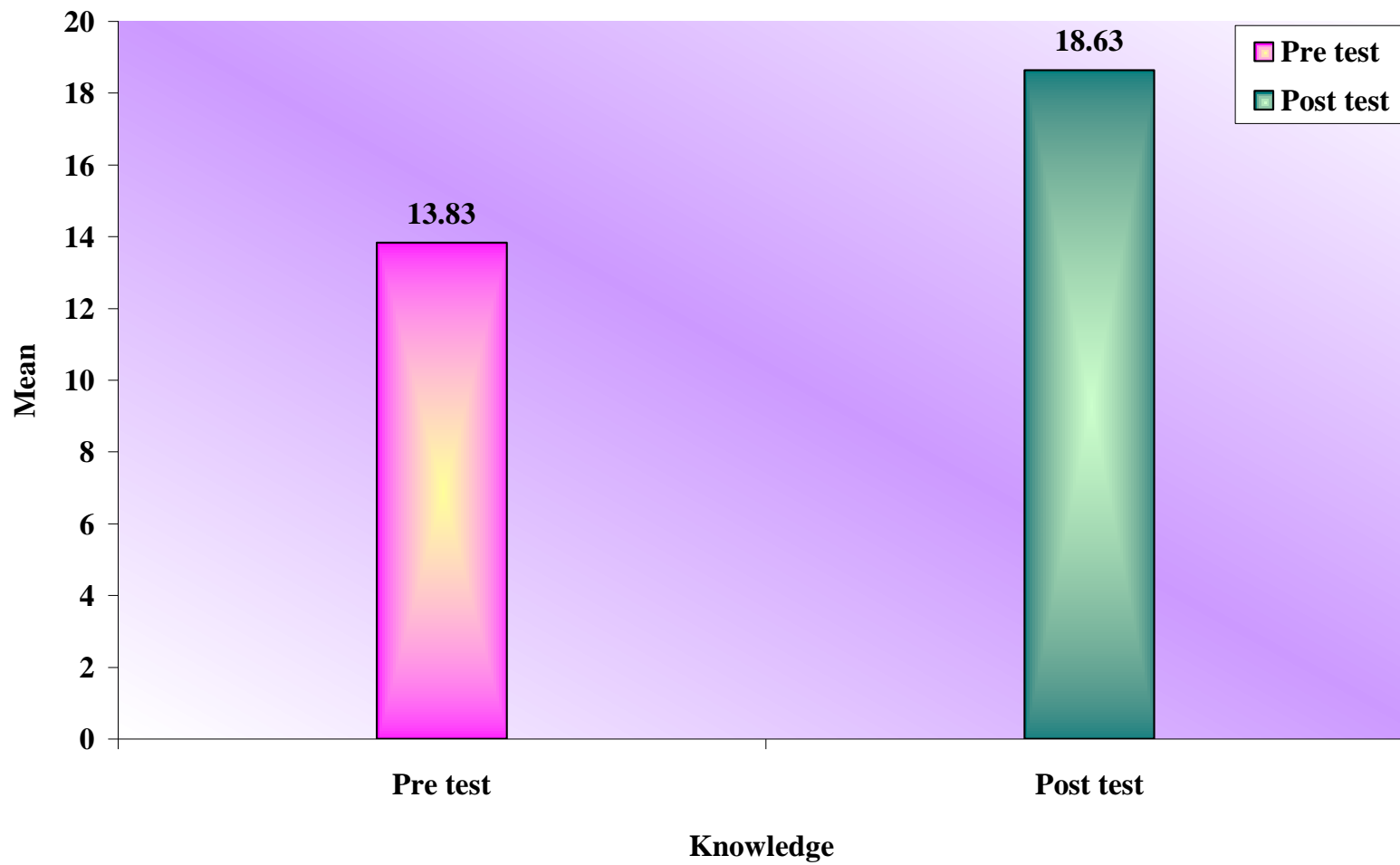
**Table. 2** Distribution of Statistical Value of Pretest and Post Test Knowledge on Healthy Habits Among School Children

(N = 60)

S.No.	Knowledge	Mean	SD	't' value
1.	Pre test	13.83	1.07	21.24*
2.	Post test	18.63	1.60	

\*significant at 0.05 level

Table 2 shows that the mean pretest knowledge score was 13.83 and that of post test was 18.63. The calculated 't' value 21.24 at 59 degree of freedom was significant at 0.05 level. It implies that the knowledge was improved after implementing game based teaching program by snake and ladder game regarding healthy habits in school children.



**Figure. 19 Distribution of Pretest and Post Test Knowledge Values on Healthy Habits Among School Children**

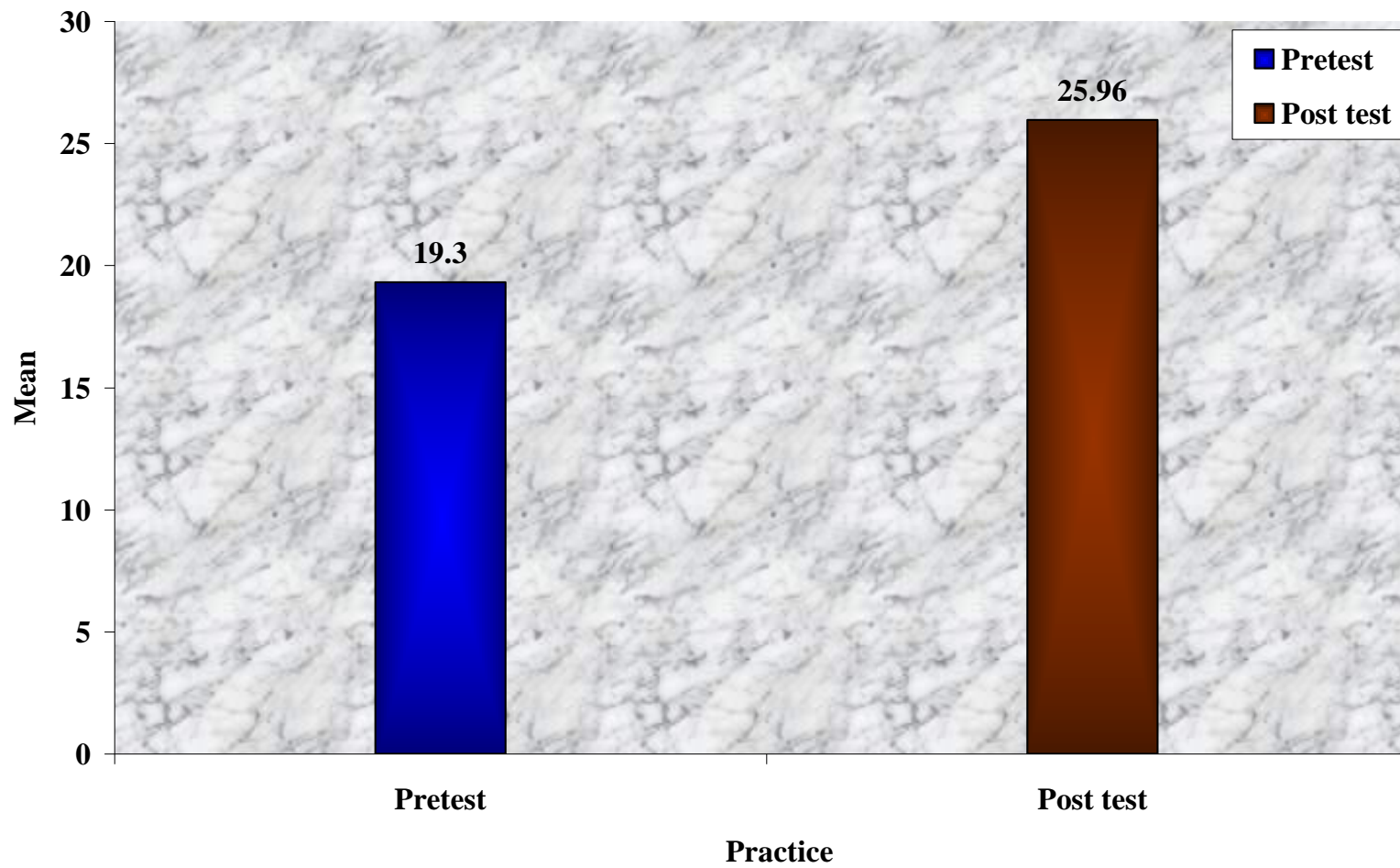
**Table. 3** Distribution of Statistical Value of Pretest and Post Test Practice on Healthy Habits Among School Children

(N = 60)

S.No.	Practice	Mean	SD	't' value
1.	Pretest	19.30	3.16	18.40*
2.	Post test	25.96	4.59	

\* significant at 0.05 level

Table 2 shows that the mean pretest practice score was 19.30 and that of post test was 25.96. The calculated 't' value 18.40 at 59 degree of freedom was significant at 0.05 level. It implies that the practice was improved after implementing game based teaching program by snake and ladder game regarding healthy habits in school children.



**Figure. 20** Distribution of Pretest and Post Test Practice Values on Healthy Habits Among School Children

### SECTION - III

**Table. 4** Association of Selected Demographic Variables with Pretest Score of Knowledge on Healthy Habits Among School Children

(N = 60)

S.No.	Demographic Variables	Below Mean	Above Mean	$\chi^2$
1.	<b>Age in years</b>			
	a) 6 – 8	8	12	2.66
	b) 8- 10	12	24	
	c) 10- 12	3	1	
2.	<b>Sex</b>			
	a) Male	14	15	2.33
	b) Female	9	22	
3.	<b>Education</b>			
	a) STD II	8	12	0.137
	b) STD III	7	13	
	c) STD IV	8	12	
4.	<b>Religion</b>			
	a) Hindu	20	34	0.192
	b) Christian	3	3	
	c) Muslim	0	0	
5.	<b>Education of the father</b>			
	a) Illiterate	0	0	0.27
	b) Primary	17	25	
	c) Higher secondary	6	12	
	d) Graduate and above	0	0	

(Table 4 continues)

(Table 4 continued)

S.No.	Demographic Variables	Below Mean	Above Mean	$\chi^2$
6.	<b>Education of the mother</b> a) Illiterate b) Primary c) Higher secondary d) Graduate and above	0 21 2 0	0 25 12 0	4.45
7.	<b>Occupation of the father</b> a) Government employee b) Private employee c) Business d) Coolie	0 1 0 22	0 2 4 31	2.907
8.	<b>Family income</b> a) Below ₹. 5000/- b) ₹. 5001 - 10,000/- c) ₹. 10,001 -20,000/- d) ₹. 20,001/- and above	5 18 0 0	5 32 0 0	0.673
9.	<b>Number of children</b> a) 1 b) 2 c) 3 and above	5 14 4	9 23 5	0.189
10.	<b>Birth order</b> a) I b) II c) III and others	9 13 1	12 23 2	0.419

(Table 4 continues)

(Table 4 continued)

S.No.	Demographic Variables	Below Mean	Above Mean	$\chi^2$
11.	<b>Area of residence</b>			
	a) Urban	0	0	0.032
	b) Rural	22	35	
	c) Semi urban	1	2	
12.	<b>Type of family</b>			
	a) Joint	1	2	0.123
	b) Nuclear	22	35	
13.	<b>Water supply</b>			
	a) Public tap	28	32	0
	b) Pond	0	0	
	c) Well	0	0	
14.	<b>Sanitation</b>			
	a) Open	0	0	0
	b) Closed	28	32	

Table 4 shows the association of pretest knowledge score of school children on healthy habits with demographic variables age, sex, class, religion, education of father, education of mother, occupation of father, monthly income, birth order, number of children, area of residence, type of family, water supply and sanitation. Variables were not having significant association with the pretest knowledge score.

**Table. 5** Association of Selected Demographic Variables with Pretest Score of Practice on Healthy Habits Among School Children

(N = 60)

S.No.	Demographic Variables	Below Mean	Above Mean	$\chi^2$
1.	<b>Age in years</b>			
	a) 6 – 8	15	5	3.75
	b) 8- 10	18	18	
	c) 10- 12	3	1	
2.	<b>Sex</b>			
	a) Male	17	12	0.042
	b) Female	19	12	
3.	<b>Education</b>			
	a) STD II	15	5	3.75
	b) STD III	12	8	
	c) STD IV	9	11	
4.	<b>Religion</b>			
	a) Hindu	32	22	0.123
	b) Christian	4	2	
	c) Muslim	0	0	
5.	<b>Education of the father</b>			
	a) Illiterate	0	0	0.20
	b) Primary	26	16	
	c) Higher secondary	10	8	
	d) Graduate and above	0	0	

(Table 5 continues)



(Table 5 continued)

S.No.	Demographic Variables	Below Mean	Above Mean	$\chi^2$
6.	<b>Education of the mother</b> a) Illiterate b) Primary c) Higher secondary d) Graduate and above	0 27 9 0	0 19 5 0	0.138
7.	<b>Occupation of the father</b> a) Government employee b) Private employee c) Business d) Coolie	0 1 32 2	0 2 20 2	1.158
8.	<b>Family income</b> a) Below ₹. 5000/- b) ₹. 5001 - 10,000/- c) ₹. 10,001 -20,000/- d) ₹. 20,001/- and above	8 28 0 0	2 22 0 0	2.04
9.	<b>Birth order</b> a) I b) II c) III and others	12 22 2	9 14 1	0.165
10.	<b>Number of children</b> a) 1 b) 2 c) 3 and above	8 25 3	6 12 6	3.58

(Table 5 continues)

(Table 5 continued)

S.No.	Demographic Variables	Below Mean	Above Mean	$\chi^2$
11.	<b>Area of residence</b>			
	a) Urban	0	0	4.436
	b) Rural	36	21	
	c) Semi urban	0	3	
12.	<b>Type of family</b>			
	a) Joint	2	1	0.055
	b) Nuclear	34	23	
13.	<b>Water supply</b>			
	a) Public tap	36	24	0
	b) Pond	0	0	
	c) Well	0	0	
14.	<b>Sanitation</b>			
	a) Open	0	0	0
	b) Closed	24	36	

Table 5 shows the association of pretest practice score of primary school children on healthy habits with demographic variables age, sex, class, religion, education of father, education of mother, occupation of father, monthly income, birth order, number of children, area of residence, type of family, water supply and sanitation. Variables were not having significant association with the pretest practice score.

## **CHAPTER - V**

### **Results and Discussion**

The purpose of the study was to find out the effectiveness of snake and ladder game on knowledge and practice regarding healthy habits among school children. The results and discussions of the study are based on the findings obtained from the statistical analysis and interpretation of the data.

#### **The First Objective of the Study was to Assess the Knowledge and Practice Regarding Healthy Habits Among School Children**

The samples for the present study comprise 60 children. The prepared questionnaires were used to assess knowledge and practice regarding healthy habits. The present study findings revealed that the pretest mean score of knowledge regarding healthy habits was 13.83 and practice regarding healthy habits was 18.63.

The mean post test knowledge and practice score obtained were significantly higher than the mean pretest score. This indicates that there is an improvement in knowledge and practice regarding healthy habits by delivering game based health education.

The similar study was conducted by Tinu Jose (2010) stated in study to create awareness on personal hygiene among school children in rural areas of Mangalore, the knowledge and practice of school children on personal hygiene in pretest was inadequate.

Thus the findings of the present study are similar to other findings. This fact confirmed that the game based teaching program by snake and ladder game on healthy habits had an impact in improving the knowledge of the school children.

The present study findings revealed that the pretest mean score for knowledge is 13.83 and for practice are 18.63. This reveals that there was inadequate knowledge and unfavorable practice about healthy habits among school children.

### **The Second Objective of the Study was to Deliver Game Based Teaching Program by Snake and Ladder Game on Healthy Habits**

The Game Based Teaching Program was given by using Snake and Ladder Game Regarding Healthy Habits for the children who were selected by using simple random sampling technique. The game based teaching was given for 1 hour and it was found to be effective as they were communicating and clarifying their doubts related to healthy habits.

### **Third Objective of the Study was to find out the Effectiveness of Game Based Teaching Program by Snake and Ladder Game Regarding Healthy Habits Among School Children**

The pretest mean score for knowledge was 13.83 and post test mean score was 18.63. Thereby the 't' value for knowledge was 21.24. The pretest mean score for practice was 19.30 and post test mean score was 25.96. There by the 't' value for practice was 18.40.

Both the 't' values obtained for knowledge and practice were higher than the table value at 0.05 level of significance. This reveals that there was significant improvement in knowledge and practice about healthy habits among school children.

This in turn reveals that the game based teaching program by snake and ladder game regarding healthy habits was effective.

The similar study conducted by Poonam Devi Sreshtha (2010) stated in her study to improve the knowledge and practice regarding healthy life style among school children and motivating the children to get good practices and habits. The findings showed that the planned game based teaching program was effective in improving children's knowledge and practice.

Thus the findings of the present study are similar to other findings. This fact confirmed that the game based teaching program by snake and ladder game on healthy habits had an impact in improving the knowledge and practice of the school children.

#### **The Fourth Objective of the Study was to Find Out the Association of the Knowledge and Regarding Healthy Habits with Selected Demographic Variables**

There was no significant association between selected demographic variables such as age in years, sex, education, religion, education of father, education of mother, occupation of father, family income, number of children, birth order, area of residence, type of family, water supply, and sanitation with pretest knowledge score of primary school children regarding healthy habits.

There was no significant association between selected demographic variables such as age, sex, class, religion, monthly income, occupations of father and mother, type of family, food pattern, sanitation and water supply and pretest practice score of primary school children regarding healthy habits.

## **CHAPTER - VI**

### **Summary, Conclusion, Nursing Implications, Limitation and Recommendation**

#### **Summary**

The main focus of the study was to assess the knowledge and practice of healthy habits among school children at selected government primary school at Kalapatti, Coimbatore by delivering game based teaching program by snake and ladder game regarding healthy habits.

#### **The Following Objectives were Set for the Study**

- To assess the knowledge and practice regarding healthy habits among school children.
- To provide snake and ladder game on healthy habits among school children.
- To assess the effectiveness of snake and ladder game on knowledge and practice regarding healthy habits among school children.
- To find out the association between the knowledge and practice regarding healthy habits with selected demographic variables.

#### **Hypothesis Set for the Study**

There is a significant improvement in knowledge and practice regarding healthy habits among school children after implementing game based teaching program.

### **Major Findings of the Study Were as Follows**

- The pretest mean value of knowledge was 13.83
- The post test mean value of knowledge was 18.63
- The pretest mean value of practice was 19.30
- The post test mean value of practice was 25.96
- The obtained 't' value for comparison of knowledge score was 21.24 at 59 degrees freedom was significant at 0.05 level.
- The obtained 't' value for comparison of practice score was 18.40 at 59 degrees freedom was significant at 0.05 level.
- There was no association between pretest knowledge score with selected demographic variables.
- There was no association between pretest practice score with selected demographic variables.

### **Conclusion**

Pre-experimental one group pretest post test experimental design was adapted in this study. Children, who are studying in Government Primary School at Kalapatti, were considered for the population of the study sample size. Simple random sampling technique was used to select the sample size.

The data was collected by questionnaire method which includes demographic data, close ended questionnaire to assess the knowledge and for practice regarding healthy habits. Descriptive statistics was used to analyze the frequency, mean, standard deviation of demographic variables, knowledge and practice. Inferential statistics was used to determine comparison and association.

The pretest score was less in knowledge and practice regarding healthy habits among school children. Game based teaching program by snake and ladder game about healthy habits and its importance. The findings of the study revealed that there is an improvement in the post test knowledge and practice scores.

The paired 't' test was used to evaluate the effectiveness of snake and ladder game by comparing the pretest and post test scores of knowledge and practice. It was found that the 't' value was statistically significant at  $p = 0.05$  level. The findings of the study revealed that there was a significant difference between pretest and post test knowledge and practice scores.

In association of demographic variable Chi Square test was used to evaluate the significant association between the selected demographic variables with the knowledge and practice score in pretest.

### **Nursing Implications**

The findings of the study have implications on nursing service, nursing education, nursing administration and nursing research.

#### **Nursing Service**

- The finding of the study indicate that all health team members should be aware of the need of observing, supervising, teaching and improving the healthy habits for school children.
- The nurse should be equipped with up to date knowledge of healthy habits, so that able to impart appropriate knowledge to the children and family



and can prevent or reduce the diseases due to unhealthy habits. Every institution should provide hygienic services.

### **Community Health Nursing Practice**

- The study emphasis in improving the knowledge and practice regarding healthy habits by game based educative measures.
- Education about healthy habits reduces health problems and increase quality of life among school children.

### **Nursing Education**

- The present nursing curriculum is community oriented where emphasis is given on preventive aspects rather than curative aspect alone. Innovative teaching method can be used to impart knowledge to the public.
- By adopting, the different teaching strategies like game based teaching; the health information can be disseminated effectively.
- The nursing curriculum should prepare the prospective nursing students, to assist the clients in hospital and community. Games and media can also be used to educate the public regarding unhealthy life style that may leads to many diseases.
- The student learning healthy habits is helped to understand needs of healthy life style and the students must be motivated to plan need based health education to children during school by using various method of education technology.

### **Nursing Administration**

- The concept of extended and expanded role of nurse offers many opportunities for a nurse administrator to improve the quality of life and to prevent major health problems.
- The nurse administrators co ordinate her work along with the preventive, curative, promotive and rehabilitative aspects of care.
- The nursing administration at various levels of health care delivery system should focus their attention to make public conscious about the harmful effects of practicing unhealthy life style.
- Nurse as an administrator should be necessarily involved formulating policies for health education in school setting as well as community. It is essential that education may make aware and emphasis the ill effect of unhealthy personal habits in their teaching to the students.

### **Nursing Research**

- One of the main aims of nursing research is to contribute knowledge to the body of nursing to expand and broaden scope of nursing. This is possible only if nurses are taking initiative to conduct further research.
- Research should be done to find out the various innovative methods for effective teaching to improve knowledge retention and thus to adopt healthy life style practices.
- There is a scope for conducting research study in depth, using other tools in order to assess the knowledge and practice on healthy habits, develop more and effective way to provide good health to the children.

**Limitations**

- The limited sample size places limitations on generalization of the study findings.
- The study not use a control group and there was a threat to internal validity due to history as the investigator had no control over the events that took place between pretest and post test.

**Recommendations**

- A study can be conducted with a large sample size to confirm the results of the study.
- A similar study can be conducted by using experimental and control group.
- A comparative study can be conducted by using rural schools and urban schools.
- A comparative study can be conducted regarding knowledge and practice on general health problems among school going children.
- A similar study can be conducted by focusing environmental sanitation among school children.

## REFERENCE

### Books

- Abraham, (2001). *A Text Book of Paediatrics*. (1<sup>st</sup> edition). Singapore: Mc. Graw Hill International Company.
- Achars, (2001), *Text Book of Paediatrics*. (3<sup>rd</sup> edition) .India: Orient Longman.
- Adele Pillitery, (2005). *Child Health Nursing*. (2<sup>nd</sup> edition.). Philadelphia; J.B.Lippincott Company Publishers.
- Barett, (1998) *Paediatrics*. (14<sup>th</sup> edition ) New York: Meridith Corporation.
- Bhaskar Rao (2000). *Methods of Biostatistics*. (2<sup>nd</sup> edition). Hyderabad: Paras Publishers.
- Basavanthappa,B.T. (2006). *Paediatric/Child Health Nursing*. (1<sup>st</sup> edition.). New Delhi: Ahuja publishing house.
- Beharmann, (2000). *A Text Book of Paediatrics*. (1<sup>st</sup> edition). Singapore: Harcourt Ara Pvt Ltd.
- Behman, khighan (1998). *Essential paediatrics*. (2<sup>nd</sup> edition). Singapore: Harcourt Brace Publishers.
- B.T Basavanthappa (2007). *Nursing research*,( 1<sup>st</sup> edition), Jaypee Brothers Medical Publications.
- Basavanthappa.B.T. (2009). *Nursing theories*. (1<sup>st</sup> edition). New Delhi: Jaypee Brothers Medical Publishers.
- Burns. N and Groove. S.K. (2002). *Understanding Nursing Research*. (2<sup>nd</sup> edition). New Delhi: Harcourt (India) Private Limited Publication.
- Catherine, E. (1990). *A Text Book of Paediatrics*. (1<sup>st</sup> edition). Philadelphia: W.B. Saunders Company. Denise. F.P and Cheryl T.B. (2006). “*Nursing research*”. (2<sup>nd</sup> edition). New York: Lippincott Company.

- Carol Taylor (2004). *A study guide for fundamentals of nursing* ( The Art and Science of Nursing Care) , (Seventh edition) Lippincott Wilkins and Williams publications
- Dr. Dixit. J.V and Suryavanshi L.B. (1996). *Principles and practice of bio statistics*. (1st edition). Jabalpur: M/S Banarsidas Bhanot Publishers.
- Daniel W.W. (2004). *Biostatistics- A Founder for Analysis in Health Science*. (7<sup>th</sup> Edition). New Delhi: Pushpa Prince Service.
- Elenar. T. and Tcece (1982). *Essentials of Research in Nursing*. (2<sup>nd</sup> edition). London: Mosby publications.
- Donna, L. Wong, (2002). *Essentials of Paediatrics*. (6<sup>th</sup> edition ). New York: Mosby Westilike
- Dorothy, R, Marlow.( 2000) . *Text Book of Paediatrics*. (6<sup>th</sup> edition). London: W.B Saunders.
- Emen, R. Grossman, (1994). “*Everyday Pediatrics*”. (2<sup>nd</sup> edition). New York: Mc Grew Hill Company Publication.
- Ghai,O.P. (2007). “*Essential Paediatrics*”. (6<sup>th</sup> edition.). New delhi: Jaypee brothers publisher.
- Gupta S. P (2000) *Statistical Methods*.( 5<sup>th</sup> edition ) Delhi : Sultan Chand and Sons Publishers.
- Harjit, Singh (1996) *Text Book of Pediatric Nursing*. (18<sup>th</sup> edition). New Delhi: Mehtha Offset Workers.
- Hugh (1998). *Nursing Theories and Models*. (2<sup>nd</sup> edition). New York: JJ International Ltd.
- Indrayan. A. and Sathyanarayana. L. (2006). *Biostatistics for Medical and Nursing Students*. (1<sup>st</sup> edition). New Delhi: Prentice Hall of India Publishers.

- Jessie, M. Chellappa. (1998). *Pediatric Nursing*. (1<sup>st</sup> edition).Gajanana Book Publication.
- Kothari C.R (2005) *Research Methodology Technique*. (2<sup>nd</sup> edition ) New Delhi : Orient Publications.
- Maria, Hastings, T. (2003). *Fundamentals of Nursing Research*. (3<sup>rd</sup> edition). Boston Publications.
- Marlow, Barbara. (2003). *A Text Book of Pediatric Nursing*. (6<sup>th</sup> edition). Elsevier publication
- Marilyn E. Parker (2007). *Nursing theories and Nursing practice*, ( II<sup>nd</sup> edition) jaypee publications..
- Nancy Burns, Groove (2012). *Understanding Nursing Research*, (III<sup>rd</sup> edition), Elsevier publication.
- Nelson, (2004). *Textbook of Paediatrics*. (11<sup>th</sup> edition.). India: Saunders Publishers.
- Parul dutta, (2007). *Paediatric Nursing*. (2<sup>nd</sup>edition). New delhi: Jaypee brothers publishers.
- Piyush Gupta, (2004). *Essential Paediatric Nursing*. (2<sup>nd</sup> edition). New delhi: CBS publishers
- Polit O.F, Hungler B.P. (1999). *Nursing Research Principles and Method*.(6<sup>th</sup> edition ). Philadelphia, Lippincot Publications.
- Sunder, R. (1996). *An Introduction to Biostatistics*. (1<sup>st</sup> edition). New Delhi: Prentice Hall of India.
- Suraj Gupte, (1998). *The Short Text Book of Paediatrics*. (8<sup>th</sup> edition.). New Delhi: Jaypee brothers' publishers.
- Tambulwadkar, (1993). *Paediatric Nursing*. Bombay: vora medical publication.

- Varma B.L and Sukla G.D. (2004). *Biostatistics Perspective in Health Care Research and Practice*. (1<sup>st</sup> edition). New Delhi: CBS Publication.
- Waechter, (1970). *Nursing Care of Children*. (10<sup>th</sup> edition). Philadelphia; J.B. Lippincott Company Publishers.
- Wong's, (2009). *Nursing Care of Infants and Children*. (8<sup>th</sup> edition.). New Delhi: Elsevier publishers.

### **Journals**

- Alyssa Vivas (2010). Knowledge, Attitude and Practices (KAP) of hygiene among school children in Angolele, Ethiopia. *NIHPA Author Manuscript*. 51(2).
- Dafiry A.L (2006). Childhood hygienic practices, the community approach. *Journal of health policy*. 33(6-11).
- Elizabeth K. Hughes (2014). Implementation of Family-Based Treatment for Adolescents with Anorexia Nervosa. *Journal of pediatric health care*. 28(4). 322-330.
- Jeffrey L. Lennon (2007). The utility of a board game for dengue haemorrhagic fever health education. *Health Education*. 107(3).
- Jui Mei Yien (2011). A game based learning achievements in a nutrition course. *Turkish journal of educational technology*. 10(2).1-10.
- Kayla J. Moneyheffer (2012). The Changing Shape of America's Youth: Combating Childhood Obesity Using the School Nurse. *Student pulse the international student journal*. 4(3). 1-2.
- Kenneth R. Ginsburg (2007). The Importance of Play in Promoting Healthy Child Development and Maintaining Strong Parent-Child Bonds. *Paediatrics*. 119(1). 182-191.

- Lena Ljungkrona (2013). Swedish nurses encounter barriers when promoting healthy habits in children. *Health Promotion International*. 10.1093
- Lila Oktania Saputri (2012). Increasing Knowledge and Attitude in Healthy Snack Choices by Educative Game: Snake and Ladder. *Media Pediomaternal Nursing Journal*. 1(1).
- Manveer Kaur (2013). School children knowledge regarding dental hygiene. *International journal of advancement in research and technology*. 2 (3). 1-8
- Michelle Hogan (2011). Bringing Community Health Nursing Education to Life with Serious Games. *International Journal of Nursing Education Scholarship*. 8(1).
- Pamela M. Kato (2011). Video Games in Health Care: Closing the Gap. Review of *General Psychology*. 14(2), 113–121.
- P.E. Petersen (2013). Promoting Oral health of children through schools – results from a WHO global survey 2012. *Community dental health* .30. 204-218.
- Sheila Seda (2004). Mother's awareness regarding prevention of infection. *The nursing journal of India*. 33(52).
- Tabatha R. Mauldin (2013). Let's talk about growth and development, baby! *Nursing Made Incredibly Easy*. 11(4). 38-46
- Vancoppen P (2005). Personal hygiene and sanitation. *Health action*. 39(33).
- WHO (2005). School health programs based on hygienic and sanitation education. *Health action*. 36 (46).

### **Online Abstract**

- Christina Maria (2010). Stressing water, sanitation and hygiene for children in developing countries. Retrieved from *pulitzercenter.com*.



- Janae Jacobson (2012). The 5 best board games for young children. Retrieved from [www.icanteachmychild.com](http://www.icanteachmychild.com).
- Postma. L.R. (2013). Life skill based hygiene education. Retrieved from [www.irc.com](http://www.irc.com).
- Sara Ipatenco (2014). Why Is Nutrition Education Important for School Age Children? Retrieved from [www.livestrong.com](http://www.livestrong.com)
- Sophie Von Teschen (2014). How to play snakes and ladders: 5 steps. Retrieved from [www.wikihow.com](http://www.wikihow.com).
- UNICEF (2011). Manual of hygiene promotion in schools. Retrieved from [www.washinschoolmapping.com](http://www.washinschoolmapping.com).
- Wilson. A (2013). Evaluation of Introducing Programming to Younger School children. Retrieved from [scratched.media.mit.edu](http://scratched.media.mit.edu).

### **Unpublished Thesis**

- Selma. P. Sam (2011). *A study to assess the effectiveness of snake and ladder game on knowledge regarding impact of television viewing among school age children studying in a selected school, Bangalore*. Unpublished Master's Thesis, Rajiv Gandhi University of Health sciences, Karnataka.
- Susmita Ghimire (2010). *A study to assess the effectiveness Of Game- Based Learning On Knowledge Regarding The Healthy Dietary Pattern Among The School Children In Selected Government Schools, Bengaluru*. Unpublished Master's Thesis, Rajiv Gandhi University of Health sciences, Karnataka.
- Tinu Jose (2011). *A study to assess the effectiveness of snake and ladder game on knowledge regarding personal hygiene among school children in the age group of 8-10 years in selected rural schools in Mangalore*. Unpublished Master's Thesis, Rajiv Gandhi University of Health sciences, Karnataka.

## ABSTRACT

**Statement of the Problem :** A study to assess the effectiveness of snake and ladder game on knowledge and practice regarding healthy habits among school children in selected school in Coimbatore. **Objective:** (a) To assess the knowledge regarding healthy habits among school children. (b) To provide snake and ladder game on healthy habits among school children. (c) To assess the effectiveness of snake and ladder game on knowledge and practice regarding healthy habits among school children. (d) To find out the association between the knowledge and practice regarding healthy habits with selected demographic variables.

**Methodology :** Research design selected for this study was pre experimental one group pretest post test design with a sample size of 60. The data was collected by questionnaire method which includes demographic data. Close ended questionnaire to assess the knowledge and for practice regarding healthy habits. **Results :** Descriptive and inferential statistics were used to analyze the data. The obtained 't' value for comparison of knowledge score was 21.24 and the 't' value for comparison of practice score was 18.40. Both were greater than table value. **Conclusion :** The pretest score was less in knowledge and practice regarding healthy habits among school children after administration of snake and ladder game regarding healthy habits. The findings of the study revealed that there is an improvement in the post test knowledge and practice scores.



# P.P.G COLLEGE OF NURSING

(A Unit of P. Perichi Gounder Memorial Charitable Trust)

(Affiliated to the Tamilnadu Dr. MGR Medical University)

(Approved by Government of Tamilnadu)

(Recognised by Indian Nursing Council)

**Cr. No. : 18-1183 / 2000 - INC. Resl. No. : 108/02/Oct/2005**

9/1, Keeranatham Road, Saravanampatty, Coimbatore - 641 035. Phone : 0422 - 2669562

**Regd. Off. :** Ashwin Hospital, Sathy Road, Coimbatore - 641 012 \* Phone: 0422 2525252 Fax: 0422 4387111

E-mail: aswinhospital@touchtelindia.net \* Website: www.ppgcollege.org

---

**To**

**Through**

**The Principal,**

PPG College of Nursing

Coimbatore – 35.

Respected Sir,

**Sub :** Seeking permission for conducting research study

I am a student of M.Sc Nursing in PPG College of Nursing. Our college is affiliated to the Tamilnadu Dr. M. G. R Medical University, Chennai. I have taken the specialization in Child Health Nursing.

**Topic :           A STUDY TO ASSESS THE EFFECTIVENESS OF SNAKE AND  
LADDER GAME ON KNOWLEDGE AND PRACTICE  
REGARDING HEALTHY HABITS AMONG SCHOOL  
CHILDREN IN SELECTED SCHOOL IN COIMBATORE**

I request you to kindly permit me to conduct my study in Government Middle school. Hope you will consider my requisition and do the needful.

Thanking you,

Yours sincerely,

Date :

Place : Coimbatore

## **Requisition Letter for Content Validity**

**From**

M.Sc (N) II Year,  
PPG College of Nursing,  
Coimbatore – 35.

**To**

**Through : Principal, PPG College of Nursing**

Respected Sir/Madam,

**Sub : Requisition for expert opinion and suggestion for content validity of tool**

I am a student of M.Sc (N) II year, PPG College of Nursing affiliated to the Tamilnadu Dr. M. G. R. Medical University, Chennai. As a partial fulfillment of the M.Sc (N) programme. I am conducting

**A STUDY TO ASSESS THE EFFECTIVENESS OF SNAKE AND LADDER GAME ON KNOWLEDGE AND PRACTICE REGARDING HEALTHY HABITS AMONG SCHOOL CHILDREN IN SELECTED SCHOOL IN COIMBATORE**

Herewith I have enclosed the developed tool for content validity and for the expert opinion and possible suggestions. It would be very kind of you to return the same as early as possible.

Thanking you,

Yours faithfully,

**PPG College of Nursing**  
**Format for the Content Validity**

Name of the expert :

Address :

Total content for the tool :

Kindly validate each tool and tick wherever applicable

S.No	No. of Tool/Section	Strongly Agree	Agree	O.K	Not Applicable	Need Modification	Remarks

Remarks

Signature of the Expert with Date

## **LIST OF EXPERTS**

**1. Prof. SUGANTHI, M.Sc.,**

Department of Pediatrics,  
Sri Ramakrishna College of Nursing,  
Coimbatore.

**2. Prof. VIJAYALAKSHMI, M.Sc.,**

Department of Pediatrics,  
KG College of Nursing,  
Coimbatore.

**3. Prof. EMERENSIA, M.Sc.,**

Department of Pediatrics,  
RVS College of Nursing,  
Coimbatore.

**4. Prof. LISSY RAVEENDRAN, M.Sc.,**

Department of Pediatrics,  
GEM College of Nursing,  
Coimbatore.

**5. Prof. THENMOZHI, M.Sc.,**

Department of Pediatrics,  
Textcity College of Nursing,  
Coimbatore.

## SECTION - A

### Demographic Variables

#### Instruction

Read the following items carefully and tick (✓) the correct most appropriate answers

Sample No. \_\_\_\_\_

1. Age in years

- a) 7-9 Years ☐
- b) 9- 11 Years ☐
- c) 11-13 Years ☐

2. Sex

- a) Male ☐
- b) Female ☐

3. Education

- a) STD III ☐
- b) STD IV ☐
- c) STD V ☐

4. Religion

- a) Hindu ☐
- b) Christian ☐
- c) Muslim ☐

5. Education of the father

- a) Illiterate ☐
- b) Primary ☐
- c) Higher secondary ☐
- d) Graduate and above ☐

6. Education of the mother

- a) Illiterate ☐
- b) Primary ☐
- c) Higher secondary ☐
- d) Graduate and above ☐

7. Occupation of the father

- a) Government employee ☐
- b) Private employee ☐
- c) Business ☐
- d) Coolie ☐

8. Family income

- a) Below ₹. 5000/- ☐
- b) ₹. 5001 - 10,000/- ☐
- c) ₹. 10,001 - 20,000/- ☐
- d) ₹. 20,001 and above ☐



9. Number of children in the family

- a) 1 ☐
- b) 2 ☐
- c) 3 and above ☐

10. Birth order

- a) I ☐
- b) II ☐
- c) III ☐
- d) Others ☐

11. Area of residence

- a) Urban ☐
- b) Rural ☐

12. Type of family

- a) Joint ☐
- b) Nuclear ☐

13. Water supply

- a) Public tap ☐
- b) Pond ☐
- c) Well ☐

14. Sanitation

- a) Open ☐
- b) Closed ☐

## **SECTION - B**

### **Assessing the Knowledge of Healthy Habits of School Children**

#### **Instruction**

Read the following questions carefully and tick (✓) the correct most appropriate answers

1. The common problem of oral cavity in children is

- a) Dental caries ☐
- b) Periodontal disease ☐
- c) Angular stomatitis ☐
- d) All of the above ☐

2. The child should clean the teeth daily for

- a) One time ☐
- b) Two time ☐
- c) After each meal ☐
- d) Only night ☐

3. The main cause of discolouration of the teeth is

- a) Improper oral hygiene ☐
- b) Using of ash ☐
- c) Using different colours of tooth paste ☐
- d) Hardness of water ☐

4. The vitamin, which is necessary for healthy gums

- a) Vitamin A ☐
- b) Vitamin B ☐
- c) Vitamin C ☐
- d) Vitamin D ☐

5. The mineral, which is necessary for healthy teeth

- a) Potassium ☐
- b) Calcium ☐
- c) Iron ☐
- d) Chlorine ☐

6. Skin care is important because

- a) Healthy skin fight against disease ☐
- b) It covers entire body ☐
- c) Prevent broken skin ☐
- d) All of the above ☐

7. Function of skin is

- a) Maintaining normal body temperature ☐
- b) Synthesis of vitamin D ☐
- c) Both (a) and (b) ☐
- d) Feeling of dryness ☐

8. Skin care includes

- a) Daily bathing ☐
- b) Washing the baby with soap and water ☐
- c) Wearing tight clothes ☐
- d) None of these ☐

9. Good healthy skin is

- a) Smooth soft and intact ☐
- b) Rough ☐
- c) Hard and broken ☐
- d) Dry and swollen ☐

10. For good health, children should take bath

- a) Daily ☐
- b) Once in two days ☐
- c) Twice in a week ☐
- d) Trice in a week ☐

11. In summer it is necessary to bath

- a) Night only ☐
- b) Twice in a week ☐
- c) Two times per day ☐
- d) Once in two days ☐

12. To prevent skin disease, it is essential to

- a) Use others garments ☐
- b) Use neat and clean clothes ☐
- c) Use oily food ☐
- d) Avoid taking bath ☐

13. Good hair care is important because

- a) It enhances the growth of dandruff ☐
- b) Prevent hair growth ☐
- c) Reduce hair fall and promote comfort ☐
- d) All of the above ☐

14. Hair care includes

- a) Brushing and combing of hair periodically ☐
- b) Applying oil regularly ☐
- c) Using shampoo ☐
- d) All of the above ☐

15. Hair combing is important because

- a) It stimulates blood circulation ☐
- b) It keeps the hair in dry ☐
- c) It changes colour of the hair ☐
- d) It stimulates hair falls ☐

16. The diet, which helps to stimulate the hair growth, is

- a) Green leafy vegetables ☐
- b) Cereals ☐
- c) Pulses ☐
- d) Meat ☐

17. We should wash hands before food

- a) To prevent infection ☐
- b) To have more food ☐
- c) To reduce the weight ☐
- d) It is our culture ☐

18. Clean the hand after toileting is necessary

- a) To promote good habit ☐
- b) To promote good health ☐
- c) To prevent diarrhea ☐
- d) All of the above ☐

19. The importance of wearing chapels is

- a) To promote exercise ☐
- b) To run fast ☐
- c) To prevent worm infestation ☐
- d) All of the above ☐

20. Bare foot walking results

- a) Good health ☐
- b) Foot exercise ☐
- c) Infection and injury to foot ☐
- d) None of these ☐

21. Clean the dust from the eye by

- a) Rubbing with dirt hands ☐
- b) Using clean hands and cotton ☐
- c) Using any types of sticks ☐
- d) Using detergent water ☐

22. The vitamin, which promotes good vision, is

- a) Vitamin A ☐
- b) Vitamin B ☐
- c) Vitamin C ☐
- d) Vitamin D ☐

23. We can clean the ears by

- a) Using sticks ☐
- b) Using safety pins ☐
- c) Using soft cotton buds ☐
- d) Using soap and water ☐

24. We should keep ears always clean

- a) To make good appearance ☐
- b) To promote allergy ☐
- c) To reduce discharge ☐
- d) To prevent ear infection ☐

25. The essential food for growth, among the following is

- a) Chocolate ☐
- b) Sweetened soda ☐
- c) Milk ☐
- d) Lime juice ☐

26. Healthy diet promotes the child's

- a) Exercise ☐
- b) Hobbies ☐
- c) Growth and development ☐
- d) Rest ☐

27. Malnutrition is caused by

- a) Lack of sleep ☐
- b) Lack of bath ☐
- c) Lack of healthy diet ☐
- d) Lack of hygiene ☐



28. The healthy diet excludes

- a) Egg ☐
- b) Whole grain ☐
- c) Low fat milk ☐
- d) Coloured soft drink ☐

29. A school going children should sleep daily minimum

- a) 2 hours ☐
- b) 4 hours ☐
- c) 1 hours ☐
- d) 9 hours ☐

30. The important hobbies of school children are

- a) Dancing ☐
- b) Reading stories ☐
- c) Music ☐
- d) All of these ☐

## SECTION - C

### Assessing the Practice of Healthy Habits of School Children

#### Instruction

Read the following questions carefully and tick (✓) the correct most appropriate answers

S.No.	Questions	Yes, Regularly	Yes, Occasionally	No, Never
1.	Do you brush your teeth every day?			
2.	Do you clean your mouth and teeth after food?			
3.	Are you using soft tooth brush and tooth paste?			
4.	Do you change your tooth brush every 6 months?			
5.	Do you eat vitamin rich fruits (orange, papaya, grapes etc)?			
6.	Do you take bath twice a day?			
7.	Are you using bath soap?			
8.	Do you wear clean and loose dresses daily?			
9.	Do you cut short nails frequently?			
10.	Do you wash your hands after every play?			
11.	Do you wash your hand before and after each food?			
12.	Do you wear footwear while waking and playing out door?			
13.	Do you remove dust from your eyes with dirty hands?			

14.	Do you insert small pencil or objects in to your ear and nose?			
15.	Do you clean your ears with cotton buds?			
16.	Do you remove wax from ears by safety pins?			
17.	Do you eat fresh vegetables and fruits daily?			
18.	Do you take sweetened colour soda, soft drinks and colored chocolates?			
19.	Do you sleep almost 9 hours daily?			
20.	Do you have any hobbies in your leisure time?			

## SECTION - B

### Answer Key

Question Number	Answer	Score
1.	(a)	1
2.	(b)	1
3.	(a)	1
4.	(c)	1
5.	(b)	1
6.	(d)	1
7.	(c)	1
8.	(c)	1
9.	(a)	1
10.	(a)	1
11.	(c)	1
12.	(b)	1
13.	(c)	1
14.	(d)	1
15.	(a)	1
16.	(a)	1
17.	(a)	1
18.	(d)	1
19.	(c)	1
20.	(c)	1
21.	(b)	1
22.	(a)	1
23.	(c)	1
24.	(d)	1
25.	(c)	1
26.	(c)	1
27.	(c)	1
28.	(d)	1
29.	(d)	1
30.	(d)	1

## SECTION - C

### Answer Key

S.No.	Score		
	Yes, Regularly	Yes, Occasionally	No, Never
1.	2	1	0
2.	2	1	0
3.	2	1	0
4.	2	1	0
5.	2	1	0
6.	2	1	0
7.	2	1	0
8.	2	1	0
9.	2	1	0
10.	2	1	0
11.	2	1	0
12.	2	1	0
13.	0	1	2
14.	0	1	2
15.	2	1	0
16.	0	1	2
17.	2	1	0
18.	2	1	0
19.	2	1	0
20.	2	1	0

**பகுதி – அ**  
**நேர்காணல் படிவம்**

**குறிப்புகள்**

கீழ்க்கண்ட வினாக்களை கவனமாக படித்து பின் சரியான பதிலுக்கு எதிரில் கொடுக்கப்பட்ட கட்டத்தில் (✓) என்று குறியிடுக

மாதிரி எண் : \_\_\_\_\_

**1. வயது:**

அ) 7முதல் 9வயது வரை ☐

ஆ) 9முதல் 11வயது வரை ☐

இ) 11முதல் 13வயது வரை ☐

**2. பாலினம்**

அ) ஆண் ☐

ஆ) பெண் ☐

**3. கல்வி**

அ) முன்றாம் வகுப்பு ☐

ஆ) நான்காம் வகுப்பு ☐

இ) ஐந்தாம் வகுப்பு ☐

**4. மதம்**

அ) இந்து ☐

ஆ) கிறிஸ்தவம் ☐

இ) முஸ்லீம் ☐

5. தந்தையின் கல்வித்தகுதி

- அ) கல்லாதவர் ☐
- ஆ) ஆரம்பக் கல்வி ☐
- இ) மேல்நிலைக் கல்வி ☐
- ஈ) பட்டப்படிப்பு ☐

6) தாயின் கல்வித்தகுதி

- அ) கல்லாதவர் ☐
- ஆ) ஆரம்பக் கல்வி ☐
- இ) மேல்நிலைக் கல்வி ☐
- ஈ) பட்டப்படிப்பு ☐

7. தந்தையின் தொழில்

- அ) அரசு பணியாளர் ☐
- ஆ) தனியார்துறை பணியாளர் ☐
- இ) வியாபாரம் ☐
- ஈ) கூலி ☐

8. குடும்ப வருமானம்

- அ) ₹.5000/- ☐
- ஆ) ₹.5001-10000/- ☐
- இ) ₹.10001-20000/- ☐
- ஈ) ₹.  $\geq$  20001/- ☐

9. குடும்பத்தில் உள்ள குழந்தைகளின் எண்ணிக்கை

- அ) 1 ☐
- ஆ) 2 ☐
- இ)  $\geq 3$  ☐

10. பிறப்பு வரிசை

- அ) I ☐
- ஆ) II ☐
- இ) III ☐
- ஈ) மற்றவை ☐

11. வசிக்கும் இடம்

- அ) நகர்ப்புறம் ☐
- ஆ) கிராமப்புறம் ☐

12. குடும்ப வகை

- அ) கூட்டுக்குடும்பம் ☐
- ஆ) தனிக்குடும்பம் ☐

13. தண்ணீர் வசதி

- அ) பொதுகுடிநீர்குழாய் ☐
- ஆ) குளம் ☐
- இ) கிணறு ☐

14. கழிப்பிட வசதி

- அ) திறந்தவெளி ☐
- ஆ) முடிய ☐



## பகுதி - ஆ

ஆரோக்கியமான பழக்கவழக்கங்கள் பற்றி பள்ளி செல்லும்

குழந்தைகளின் அறிவினை மதிப்பிடுதல்

(பின்வரும் வினாக்களை கவனமாக படித்து சரியான விடையை டிக் (✓) செய்யவும்)

பெயர் : \_\_\_\_\_ வகுப்பு : \_\_\_\_\_

1. குழந்தைகளுக்கு வாயில் ஏற்படும் பொதுவான பிரச்சினை

- அ) பற்சொத்தை ☐
- ஆ) பல்நோய் ☐
- இ) வாய்ப்புண் ☐
- ஈ) இவைஅனைத்தும் ☐

2. தினமும் குழந்தைகள் எத்தனை முறை பல் துலக்க வேண்டும்

- அ) ஒரு முறை ☐
- ஆ) இரு முறை ☐
- இ) ஒவ்வொரு சாப்பாட்டிற்கு பின்பும் ☐
- ஈ) இரவு மட்டும் ☐

3. பற்கள் நிறம் மாறுவதற்கு முக்கியமான காரணம்

- அ) ஒழுங்கற்ற வாய்குத்தம் ☐
- ஆ) சாம்பல் உபயோகித்தல் ☐
- இ) வெவ்வேறு நிறமுள்ள பற்பசைகளை உபயோகித்தல் ☐
- ஈ) கடினமான தண்ணீர் ☐

4. ஆரோக்கியமான பற்சதைகளுக்கு, தேவையான முக்கியமான வைட்டமின்

- அ) வைட்டமின் 'எ' ☐
- ஆ) வைட்டமின் 'பி' ☐
- இ) வைட்டமின் 'சி' ☐
- ஈ) வைட்டமின் 'டி' ☐

5. ஆரோக்கியமான பற்களுக்கு தேவையான தாதுஉப்பு

- அ) பொட்டாசியம் ☐
- ஆ) கால்சியம் ☐
- இ) இரும்புச்சத்து ☐
- ஈ) குளோரின் ☐

6. எதனால் தோல் பராமரிப்பு முக்கியம்

- அ) ஆரோக்கியமான தோல் நோயை எதிர்க்கும் ☐
- ஆ) முழு உடலை பராமரிக்கும் ☐
- இ) தோல் பிளவுப்படுதலை தவிர்க்கும் ☐
- ஈ) மேற்கண்ட அனைத்தும் ☐

7. தோலின் செயல்

- அ) உடலின் சரியான வெப்பநிலையை பராமரித்தல் ☐
- ஆ) வைட்டமின் 'டி' உற்பத்தி செய்தல் ☐
- இ) அ மற்றும் ஆ இரண்டும் ☐
- ஈ) தோலின் வறட்சியை உணருதல் ☐

8. தோலின் பராமரிப்பு முறை

- அ) தினமும் குளித்தல் ☐
- ஆ) சோப்பு மற்றும் தண்ணீரால் கழுவுதல் ☐
- இ) இருக்கமான உடை அணிதல் ☐
- ஈ) இவை எவையும் அல்ல ☐

9. நல்ல ஆரோக்கியமான தோல் என்பது

- அ) சுருகங்கள் இல்லாத மெல்லிய தோல் ☐
- ஆ) கடினமான ☐
- இ) கடினமான மற்றும் பிளவுபட்ட ☐
- ஈ) வறண்ட மற்றும் வீக்கமான ☐

10. நல்ல ஆரோக்கியத்திற்கு, குழந்தைகள் எத்தனை முறை குளிக்க வேண்டும்

- அ) தினமும் ☐
- ஆ) இரண்டு நாட்களுக்கு ஒருமுறை ☐
- இ) வாரத்திற்கு இருமுறை ☐
- ஈ) வாரத்திற்கு முன்றுமுறை ☐

11. கோடைகாலத்தில் கண்டிப்பாக குளிக்க வேண்டும்

- அ) இரவு மட்டும் ☐
- ஆ) வாரத்திற்கு இருமுறை ☐
- இ) ஒருநாளைக்கு இரண்டுமுறை ☐
- ஈ) ஒருநாளைக்கு ஒருமுறை ☐

12. தோல் நோய்களை குணப்படுத்துவதற்கு, இது முக்கியம்

- அ) மற்றவர்களின் உடைகளை உபயோகித்தல் ☐
- ஆ) அழகான மற்றும் தூய்மையான துணிகளை உபயோகித்தல் ☐
- இ) எண்ணெய் பொருட்களை உபயோகித்தல் ☐
- ஈ) குளித்தலை தவிர்த்தல் ☐

13. நல்ல ஆரோக்கியமான முடி முக்கியம் ஏனென்றால்

- அ) பொடுகின் வளர்ச்சியை அதிகரிக்கும் ☐
- ஆ) முடி வளர்தலை தடுக்கும் ☐
- இ) முடி உதிர்தலை தடுக்கும் மற்றும் ஆறுதலை அதிகரிக்கும் ☐
- ஈ) மேற்கண்ட அனைத்தும் ☐

14. முடி பராமரிப்பைச் சார்ந்தவை

- அ) அடிகடி முடியை சுத்தம் செய்தல் மற்றும் சீவுதல் ☐
- ஆ) ஒழுங்கான முறையில் எண்ணெய் தடவுதல் ☐
- இ) சாம்பூ உபயோகித்தல் ☐
- ஈ) மேற்கண்ட அனைத்தும் ☐

15. தலை சீவுதல் முக்கியம், ஏன் என்றால்

- அ) இரத்த ஓட்டத்தை தூண்டும் ☐
- ஆ) இதுமுடியை தொடர்ந்து உலர்ந்த நிலையில் வைத்திருக்கும் ☐
- இ) இது முடியின் நிறத்தை மாற்றும் ☐
- ஈ) இது முடி உதிர்தலை தூண்டும் ☐

16. முடி வளர்தலை தூண்டுவதற்கு உதவும் உணவு

- அ) பச்சைக் காய்கறிகள் ☐
- ஆ) தானிய வகைகள் ☐
- இ) பருப்பு வகைகள் ☐
- ஈ) இறைச்சி ☐

17. நாம் உணவு உண்பதற்கு முன் கை கழுவ வேண்டும்

- அ) தொற்றுநோயை தடுப்பதற்கு ☐
- ஆ) நிறைய உணவு எடுப்பதற்கு ☐
- இ) உடல் எடையை குறைப்பதற்கு ☐
- ஈ) இது நமது கலாச்சாரம் ☐

18. சிறுநீர் மற்றும் மலம் கழித்தலுக்கு பிறகு கை கழுவுதல் முக்கியம்

- அ) நல்ல பழக்கத்தை வளர்ப்பதற்கு ☐
- ஆ) நல்ல உடல்நலத்தை அதிகரிப்பதற்கு ☐
- இ) வயிற்றுப்போக்கை தடுப்பதற்கு ☐
- ஈ) மேற்கண்ட அனைத்தும் ☐

19. காலணி அணிவதன் முக்கியம்

- அ) உடற்பயிற்ச்சியை அதிகரிப்பதற்கு ☐
- ஆ) வேகமாக ஓடுவதற்கு ☐
- இ) புழுவினால் ஏற்படும் நோயை தடுப்பதற்கு ☐
- ஈ) மேற்கண்ட அனைத்தும் ☐

20. வெறும் காலுடன் நடப்பதால் ஏற்படுவது

- அ) நல்ல உடல்நலம் ☐
- ஆ) பாதத்திற்கு உடற்பயிற்சி ☐
- இ) பாதத்திற்கு தொற்றுநோய் மற்றும் தீங்கு ஏற்படும் ☐
- ஈ) மேற்கண்ட எதுவும் அல்ல ☐

21. கண்ணிலிருக்கும் தூசியை எதனால் தூய்மை செய்ய வேண்டும்

- அ) அழுக்கான கையுடன் தேய்த்தல் ☐
- ஆ) தூய்மையான கை மற்றும் பஞ்சு உபயோகித்தல் ☐
- இ) ஏதாவது ஊன்றுகோலை உபயோகித்தல் ☐
- ஈ) சலவைக்கட்டி தண்ணீரை உபயோகித்தல் ☐

22. கண் பார்வைக்கு உதவும் வைட்டமின்

- அ) வைட்டமின் 'ஏ' ☐
- ஆ) வைட்டமின் 'பி' ☐
- இ) வைட்டமின் 'சி' ☐
- ஈ) வைட்டமின் 'டி' ☐

23. நாம் காதினை எதனால் தூய்மை செய்யவேண்டும்

- அ) ஊன்றுகோலை உபயோகித்தல் ☐
- ஆ) ஊக்கு உபயோகித்தல் ☐
- இ) பஞ்சினால் ஆன துளையை ஒபயோகித்தல் ☐
- ஈ) சோப்பு மற்றும் தண்ணீரை உபயோகித்தல் ☐

24. நாம் காதினை எப்பொழுதும் தூய்மையாக வைக்கவேண்டும்

- அ) நல்ல தோற்றத்தை ஏற்படுத்துவதற்கு ☐
- ஆ) ஒவ்வாமை (அலர்ஜியை) அதிகரிப்பதற்கு ☐
- இ) கசிவை குறைப்பதற்கு ☐
- ஈ) காதில் ஏற்படும் தொற்றுநோயை தடுப்பதற்கு ☐

25. பின்வருவனவற்றுள் உடல் ஆரோக்கியத்திற்கு முக்கியமான உணவு.

- அ) சாக்கலேட் ☐
- ஆ) இனிப்பு சோடா ☐
- இ) பால் ☐
- ஈ) எலும்பிச்சை சாறு ☐

26. ஆரோக்கியமான உணவு உண்பதால் குழந்தைக்கு அதிகரிக்கும் ஒன்று

- அ) உடற்பயிற்சி ☐
- ஆ) பொழுது போக்கு ☐
- இ) உடல் வளர்ச்சி ☐
- ஈ) ஓய்வு ☐

27. ஊட்டச்சத்து குறைபாடு ஏற்படக் காரணம்

- அ) தூக்கமின்மை ☐
- ஆ) குளிக்காமல் இருப்பது ☐
- இ) ஆரோக்கியமான உணவு உண்ணாமல் இருப்பதால் ☐
- ஈ) தூய்மை இல்லாமை ☐

28. ஆரோக்கியமான உணவு சார்ந்தவை

- அ) முட்டை ☐
- ஆ) தானியங்கள் ☐
- இ) குறைந்த கொழுப்புச்சத்து பால் ☐
- ஈ) கலர் குடிநீர் வகைகள் ☐

29. தினமும் பள்ளி செல்லும் குழந்தைகள் தூங்கவேண்டிய நேரம்

- அ) 1 மணி நேரம் ☐
- ஆ) 2 மணி நேரம் ☐
- இ) 4 மணி நேரம் ☐
- ஈ) 9 மணி நேரம் ☐

30. பள்ளி செல்லும் குழந்தைகளின் முக்கியமான பொழுதுபோக்கு

- அ) நடனம் ஆடுதல் ☐
- ஆ) கதை புத்தகங்கள் படித்தல் ☐
- இ) இசைக் கேட்டல் ☐
- ஈ) மேற்கண்ட அனைத்தும் ☐



## பகுதி - இ

ஆரோக்கியமான பழக்கவழக்கங்கள் பற்றி பள்ளி செல்லும்

குழந்தைகளின் பயிற்சியை மதிப்பிடுதல்

(பின்வரும் வினாக்களை கவனமாக படித்து சரியான விடையை டிக் (✓) செய்யவும்)

வரிசை எண்	வினாக்கள்	எப்பொழுதும்	எப்பொழுதாவது	செய்வதில்லை
1.	தினமும் பற்களை சுத்தம் செய்வாயா?			
2.	எப்பொழுதும் சாப்பிட்ட பிறகு வாயினை சுத்தம் செய்வாயா?			
3.	மெதுவான பல்துளைப்பான் மற்றும் பற்பசையை உபயோகிக்கின்றாயா?			
4.	ஆறு மாதத்திற்கு ஒருமுறை உனது பல்துளைப்பானை மாற்றுக்கின்றாயா?			
5.	வைட்டமின்கள் அதிகமாக உள்ள பழங்களை (ஆரஞ்சு, பப்பாளி மற்றும் திராட்சை) எடுத்துக் கொள்கிறாயா?			
6.	தினமும் இரண்டு முறை குளிப்பாயா?			
7.	குளிப்பதற்கு தொடர்ந்து சோப் உபயோகிக்கின்றாயா?			
8.	தினமும் சுத்தமான மற்றும் தளர்வான உடையை அணிவாயா?			
9.	அடிக்கடி நகங்களை வெட்டுவாயா?			
10.	விளையாடுவதற்கு முன்னும் பின்னும் கைகளை கழுவுவாயா?			
11.	சாப்பிடுவதற்கு முன் மற்றும் பின் கைகளை கழுவுவாயா?			

12.	வெளியில் நடக்கும் போதும் விளையாடும் போது காலணிகள் அணிவாயா?			
13.	கண்ணிலிருந்து தூசியை அழுக்கான கையை உபயோகித்து எடுப்பாயா?			
14.	சிறிய பென்சில் அல்லது பொருட்களை காது மற்றும் முக்கினில் நுழைப்பாயா?			
15.	காதினை பஞ்சினால் ஆன துடைப்பானைக் கொண்டு சுத்தம் செய்வாயா?			
16.	காதிலிருந்து அழுக்கை ஊக்கினை உபயோகித்து எடுப்பாயா?			
17.	தினமும் பழங்கள் மற்றும் காய்கறிகள் சாப்பிடுவாயா?			
18.	இனிப்புசோடா மற்றும் நிறமுள்ள சாக்கலேட் சாப்பிடுவாயா?			
19.	தினமும் 9 மணிநேரம் தூங்குவீர்களா தூங்கமுடியுமா?			
20.	உனக்கு ஒய்வான நேரங்களில் ஏதேனும் பொழுதுபோக்கு பழக்கங்கள் உண்டா?			

## பகுதி - ஆ

### விடைகள்

வினா எண்	விடைகள்	மதிப்பெண்
1.	(அ)	1
2.	(ஆ)	1
3.	(அ)	1
4.	(இ)	1
5.	(ஆ)	1
6.	(ஈ)	1
7.	(இ)	1
8.	(இ)	1
9.	(அ)	1
10.	(அ)	1
11.	(இ)	1
12.	(ஆ)	1
13.	(இ)	1
14.	(ஈ)	1
15.	(அ)	1
16.	(அ)	1
17.	(அ)	1
18.	(ஈ)	1
19.	(இ)	1
20.	(இ)	1
21.	(ஆ)	1
22.	(அ)	1
23.	(இ)	1
24.	(ஈ)	1
25.	(இ)	1
26.	(இ)	1
27.	(இ)	1
28.	(ஈ)	1
29.	(ஈ)	1
30.	(ஈ)	1

## பகுதி - இ

விடைகள்

வினா எண்	எப்பொழுதும்	எப்பொழுதாவது	செய்வதில்லை
1.	2	1	0
2.	2	1	0
3.	2	1	0
4.	2	1	0
5.	2	1	0
6.	2	1	0
7.	2	1	0
8.	2	1	0
9.	2	1	0
10.	2	1	0
11.	2	1	0
12.	2	1	0
13.	0	1	2
14.	0	1	2
15.	2	1	0
16.	0	1	2
17.	2	1	0
18.	2	1	0
19.	2	1	0
20.	2	1	0

# **HEALTH EDUCATION ON HEALTHY HABITS**

<b>TOPIC</b>	:	HEALTHY HABITS
<b>GROUP</b>	:	CHILDREN (7-12 YEARS)
<b>PLACE</b>	:	GOVERNMENT MIDDLE SCHOOL, SARAVANAMPATTY, COIMBATORE
<b>DURATION</b>	:	30 MINUTES
<b>METHOD OF TEACHING</b>	:	LECTURE CUM DISCUSSION
<b>TEACHING AID</b>	:	DEMONSTRATION, LCD

## **General Objective**

At the end of the class or section, the children will have knowledge about healthy habits and how to practice this in daily life and benefits of healthy habits.

## **Specific Objectives**

- introduce the topic
- define healthy habits
- enumerate the importance of healthy habits
- list down the elements of healthy habits
- explain about oral hygiene
- explain about skin care
- explain about care of hair
- describe the care of hands and feet
- explain about the care of eyes, ears and nose
- explain about healthy nutrition
- explain about recreational activities

Specific Objectives	Content	Learner's Activity
Introduce the topic	<p><b>Introduction</b></p> <p><b>“Cleanliness is Next to Godliness”</b></p> <p>Keeping one’s body clean is an important part of keeping one self healthy and helping one feel good. Caring about the way one looks is important to one’s self esteem motivation for personal hygiene practices among children can cause reduction in personal illness”.</p> <p>Our India contributes 15% of school going children. The future of our country rest in the hands of children. So care of the health of the children is not vital in itself, but most important aspects of the health of the children whole.</p> <p style="text-align: right;"><b>- SHC Report</b></p> <p>With a clean body, clean hair, clean clothes and shoes, you will feel good and your friends will be happy to be near you. Don’t forget to clean your tooth too”.</p> <p style="text-align: right;"><b>- Dr. Kim</b></p>	<p>L</p> <p>I</p> <p>S</p> <p>T</p> <p>E</p> <p>N</p> <p>I</p> <p>N</p> <p>G</p>

<p>Define healthy habits</p>	<p><b>Definition</b></p> <p><b>Health</b></p> <p>Health is state of complete physical, mental and social well being and not merely the absence of disease or infirmity.</p> <p style="text-align: right;"><b>- WHO</b></p> <p><b>Habit</b></p> <p>An established disposition of mind and character.</p> <p style="text-align: right;"><b>- www.dictionary.com</b></p> <p><b>Healthy Habits</b></p> <p>A behavior that is beneficial to ones physical or mental health, often linked to a high level of discipline and self control.</p> <p style="text-align: right;"><b>- www.medicaldictionary.com</b></p> <p><b>Hygiene</b></p> <p>It is a science of preserving and promoting health.</p> <p style="text-align: right;"><b>- www.dictionary.com</b></p>	<p>L I S T E N I N G</p>
------------------------------	---	--



Enumerate the importance of healthy habits	<p><b>Personal Hygiene</b></p> <p>It is defined as the essential self care measures in order to maintain good health.</p> <p style="text-align: right;"><b>- Kozhier</b></p> <p><b>Importance of Healthy Habits</b></p> <ul style="list-style-type: none"> <li>➤ To promote cleanliness</li> <li>➤ To remove the secretions and micro organisms</li> <li>➤ To promote health</li> <li>➤ To prevent infection</li> <li>➤ To feel comfort and refreshes</li> <li>➤ To promote self image and enhancing good appearance</li> <li>➤ To improve blood circulation and improve peripheral vaso dilatation</li> <li>➤ To enhance the efficiency of body function</li> <li>➤ To improve mental health</li> </ul>	L I S T E N I N G
--	--	---

<p>List down the elements of healthy habits</p>	<p><b>Elements of Healthy Habits</b></p> <ul style="list-style-type: none"> <li>➤ Oral hygiene</li> <li>➤ Care of skin</li> <li>➤ Care of hair</li> <li>➤ Care of hands and feet</li> <li>➤ Care of eyes, ears and nose</li> </ul> <p><b>Others</b></p> <ul style="list-style-type: none"> <li>➤ Rest</li> <li>➤ Sleep</li> <li>➤ Exercise</li> <li>➤ Nutrition</li> <li>➤ Recreational activities</li> </ul>	<p>L I S T E N I N G</p>
---	---	--

<p>Explain about oral hygiene</p>	<p><b>I. Oral Hygiene</b></p> <p>Mouth care is very essential care of an individual's personal health. This is performed in each morning and before going to bed. Because teeth is essential for chewing, mastication of food, good smile and speech.</p> <p><b>Common Teeth Problems</b></p> <ul style="list-style-type: none"> <li>➤ Dental caries</li> <li>➤ Periodontal disease</li> <li>➤ Formation of sores</li> <li>➤ Bad breath</li> </ul> <p><b>Importance</b></p> <p><b>Brushing</b></p> <ul style="list-style-type: none"> <li>➤ Teeth should be cleansed at least twice in a day</li> <li>➤ Tooth brush should be soft and long handled, should not be hard or too long. A vertical and circular</li> </ul>	<p>L I S T E N I N G</p>
-----------------------------------	---	--

<p>Explain about skin care</p>	<p>brushing and standardized tooth paste are recommended. Every six months we should change our tooth brush. While brushing, the person should clean front then go to each side with up and down motion.</p> <p><b>Mouth Wash</b></p> <ul style="list-style-type: none"> <li>➤ After brushing we should rinse the mouth and also after every meal the mouth should rinse thoroughly.</li> </ul> <p><b>Diet</b></p> <ul style="list-style-type: none"> <li>➤ Vitamin C contains fruits like orange, amla and grapes to prevent gum bleeding and healing process.</li> <li>➤ Vitamin B complex is very essential for strengthening the oral mucosa.</li> </ul> <p><b>II. Care of Skin</b></p> <p>Skin plays an important role in our whole body. So skin care is very essential because it</p> <ul style="list-style-type: none"> <li>➤ Fights against disease</li> </ul>	<p>L I S T E N I N G</p>
--------------------------------	---	--

	<ul style="list-style-type: none"> <li>➤ Prevents broken skin</li> <li>➤ Prevents infection</li> </ul> <p><b>Other Important Functions of Skin</b></p> <ul style="list-style-type: none"> <li>➤ It covers entire body</li> <li>➤ Maintaining body temperature</li> <li>➤ Synthesis of vitamin D</li> <li>➤ Sensation</li> <li>➤ Prevent from injury</li> <li>➤ Excretion</li> </ul> <p><b>Common Skin Disorders</b></p> <ul style="list-style-type: none"> <li>➤ Impetigo</li> <li>➤ Scabies</li> <li>➤ Scrub typhus</li> <li>➤ Staphylococcal scaled skin syndrome</li> </ul>	L  I  S  T  E  N  I  N  G
--	--	---

	<p><b>Techniques of Skin Care</b></p> <p><b>Massaging and bathing</b></p> <ul style="list-style-type: none"> <li>➤ Bathing stimulates blood circulation through massaging</li> <li>➤ Bathing should be taken every day with soap and water. Bath soap should be mild and soft, should not change the bath soap frequently.</li> <li>➤ Soap changes required when it cause itching, dryness and allergy to skin.</li> <li>➤ In summer the person should take bath at least two times per day.</li> </ul> <p><b>Clothing</b></p> <ul style="list-style-type: none"> <li>➤ After every bath child should wear clean and neat clothes</li> <li>➤ Under clothes are right next to the skin and collect the dead skin cells, sweat and possibly other unmentionable stains.</li> <li>➤ Overnight bacteria start to work on these stains, so your clothes do not smell as nice on the second day of wearing.</li> <li>➤ Neglected skin care like wearing tight clothes, using others garments will lead to skin disease.</li> </ul>	<p>L</p> <p>I</p> <p>S</p> <p>T</p> <p>E</p> <p>N</p> <p>I</p> <p>N</p> <p>G</p>
--	--	--

<p>Describe about the care of hair</p>	<p><b>III. Care of Hair</b></p> <p>The condition of hair reflects to some extent the nutritional status, general health of the body, provide comfort and increase image. Also we have sweat glands in our scalp, and dead skin cells come off the scalp.</p> <p><b>Common Hair Problems</b></p> <ul style="list-style-type: none"> <li>➤ Dandruff</li> <li>➤ Ticks</li> <li>➤ Pediculosis</li> <li>➤ Hair loss</li> </ul> <p><b>Techniques of Hair Care</b></p> <p><b>Regular Washing and Oiling</b></p> <ul style="list-style-type: none"> <li>➤ We should wash the hair regularly with clean water and applying shampoo and oil in twice in a week.</li> <li>➤ The hair follicles (which the hair grows from) produce oil which keeps the hair soft and smooth.</li> <li>➤ The oil, sweat and dead cells add together and can make the hair greasy and look dirty unless you</li> </ul>	<p>L I S T E N I N G</p>
--	---	--

<p>Explain about care of hands and feet</p>	<p>wash it regularly.</p> <p><b>Combing and Massaging</b></p> <ul style="list-style-type: none"> <li>➤ Hair should comb daily, it promotes blood circulation to the scalp and removes dandruff and preventing pediculosis.</li> <li>➤ Massaging is exercise to the hair; it promotes the circulation and nutrition to the hair follicles.</li> <li>➤ Massage the scalp well; this will remove dead skin cells, excess oil and dirt.</li> <li>➤ Conditioner is helpful if you have longer hair as it makes the hair smoother and easier to comb, but hair doesn't need to have conditioner.</li> <li>➤ Use the wide toothed comb for wet hair as it is easier to pull through.</li> </ul> <p><b>IV. Care of Hands and Feet</b></p> <p>Care of hands and feet requires special attention to prevent infections, odor and injury. The problems also from improper care of hands and feet, such as nail biting, wearing ill tight shoes and walking with bare foot.</p>	<p>L I S T E N I N G</p>
---	---	--



	<p><b>Common Problems Occurring Due to Improper Hand Washing</b></p> <ul style="list-style-type: none"><li>➤ Infestation of lice</li><li>➤ Diarrhea</li><li>➤ Dysentery</li><li>➤ Intestinal worm infestation</li></ul> <p><b>Common Problems Occurring Due to Bare Foot</b></p> <ul style="list-style-type: none"><li>➤ Warts</li><li>➤ Fungal infection</li><li>➤ Injury</li><li>➤ Worm infestation</li></ul> <p><b>Techniques of Hand and Feet Care</b></p> <p><b>Hands</b></p> <ul style="list-style-type: none"><li>➤ Hands should be washed before taking food and handling preparation of food.</li></ul>	L I S T E N I N G
--	--	---

	<ul style="list-style-type: none"> <li>➤ Nails should be cut frequently or after every growth of nails without fail, for the purpose of removing accumulated dirt and infection from the nails.</li> </ul> <p><b>Feet</b></p> <ul style="list-style-type: none"> <li>➤ Wash your feet at least once in a day</li> <li>➤ After wash dry the feet carefully, especially between the toes where more bacteria collect them anywhere else on the skin.</li> <li>➤ We need to particularly careful to wash our feet and dry them well.</li> <li>➤ Walking in bare foot and can easily pick up fungal infections or other problems of feet such as warts and worm infestations.</li> </ul> <p><b>Shoes</b></p> <ul style="list-style-type: none"> <li>➤ Keep your shoes clean and should not be too tight</li> <li>➤ Use clean and soft stockinet or socks, which prevent friction of the skin and promote comfort.</li> </ul>	L  I  S  T  E  N  I  N  G
--	--	---

<p>Describe the care of the eyes, ears and nose.</p>	<p><b>V. Care of the Eyes, Ears and Nose</b></p> <p><b>Eyes</b></p> <p>Good vision is very essential for the proper development of the entire individual.</p> <p><b>Common Eye Problems</b></p> <ul style="list-style-type: none"> <li>➤ Conjunctivitis</li> <li>➤ Corneal ulcer</li> <li>➤ Night blindness</li> <li>➤ Exophthalmia</li> <li>➤ Cataract</li> <li>➤ Glaucoma</li> </ul> <p><b>Protection of the Eye</b></p> <ul style="list-style-type: none"> <li>➤ The skin around the eyes should be clean by washing with clean water</li> <li>➤ While reading should avoid straining.</li> </ul>	<p>L I S T E N I N G</p>
--	--	--

	<ul style="list-style-type: none"> <li>➤ Increase of dust in the eye should clean with clean water and cotton, should not rub with dirty hands which leads to infection to the eyes.</li> <li>➤ Child should take more vitamin A contain diet like carat, green leafy vegetables etc</li> </ul> <p><b>Ears</b></p> <p>Ear is important sense organ of our body. It is the only organ responsible for the hearing.</p> <p><b>Common Ear Problems</b></p> <ul style="list-style-type: none"> <li>➤ Earache</li> <li>➤ Discharges</li> <li>➤ Foreign bodies</li> </ul> <p><b>Protection of Ear</b></p> <ul style="list-style-type: none"> <li>➤ Removal of excessive wax carefully with clean cotton buds should not use sticks or safety pins it leads to the injury to the ears.</li> </ul>	L  I  S  T  E  N  I  N  G
--	--	---

	<ul style="list-style-type: none"> <li>➤ Child should not introduce any particles in to the ear it cause hearing loss.</li> <li>➤ Protect the ear from the louder noise.</li> </ul> <p><b>Nose</b></p> <p>Nose is a vital sense organ which is responsible for the smell and the breathing.</p> <p><b>Common Problems of Nose</b></p> <ul style="list-style-type: none"> <li>➤ Discharges</li> <li>➤ Foreign bodies</li> <li>➤ Septal deviation</li> </ul> <p><b>Protection of Nose</b></p> <ul style="list-style-type: none"> <li>➤ External crusted secretions can remove with the wash cloth or cotton applicator or clean handkerchief.</li> <li>➤ Child should teach not to put any pencils or particles in the nose.</li> </ul>	L  I  S  T  E  N  I  N  G
--	---	---

<p>Explain about healthy nutrition</p>	<p><b>VI. Nutrition</b></p> <p>Good nutrition fosters child's healthy growth and development and reduces the risk that children will become overweight or obese, factors that greatly in the chance of having medical problems in adulthood.</p> <p><b>Healthy Diets</b></p> <ul style="list-style-type: none"> <li>➤ Fresh fruits</li> <li>➤ Fresh vegetables</li> <li>➤ Whole grain</li> <li>➤ Low fat milk</li> <li>➤ Milk products</li> <li>➤ Lean meats</li> <li>➤ Poultry</li> <li>➤ Fish</li> <li>➤ Eggs</li> <li>➤ Nuts</li> </ul>	<p>L I S T E N I N G</p>
--	--	--

	<p><b>Problems Caused by Unhealthy Diet</b></p> <ul style="list-style-type: none"> <li>➤ Mal nutrition</li> <li>➤ PEM</li> <li>➤ Obesity</li> <li>➤ Cardiovascular disease</li> <li>➤ Hypertension</li> <li>➤ Sleep apnea</li> <li>➤ Menstrual irregularities</li> <li>➤ Memory or learning problems</li> </ul> <p><b>Management</b></p> <ul style="list-style-type: none"> <li>➤ Serving children more vegetables and fruits</li> <li>➤ Avoid sugar sweetened beverages</li> <li>➤ Avoid fast food</li> <li>➤ Giving children tips on healthy foods</li> </ul>	<p>L I S T E N I N G</p>
--	---	--

Describe about recreational activities	<p>➤ Teaching children practical food preparation skills</p> <p><b>VII. Recreational Activities</b></p> <p>Participate regularly in sport, play, games, creative or other activities that they enjoy helps them develop new abilities and skills, self esteem, confidence and a sense of purpose and identity. It can also create an opportunity for children and young people to bond with care givers, which will turn improve placement stability.</p> <p><b>Benefits</b></p> <p>Being involved in positive activities can help children and young people get through a difficult time in their lives. It also lets them make links in their community, interact with peers and make new friends.</p> <p>As well as the physical health benefits, sporting and other physical activities such as riding bicycles, swimming or walking, can give opportunities for safe risk taking, learning and developing team work, co ordination and developing skills.</p>	L I S T E N I N G
--	--	---



	<p><b>Hobbies</b></p> <p>Hobbies such as music, dancing, reading, cooking and gardening let children and young people explore their interests and help them develop a sense of self worth and enhance their quality of life.</p> <p><b>Conclusion</b></p> <p>Healthy habits are very important because none likes to be close to a person who stinks and is dirty. So whoever you are and where ever you go remember. Proper maintenance of healthy habits is important because it promotes cleanliness, comfort, relaxation and good health. If we avoid these measures it will leads ill effects to our body and health. So we should follow all the healthy habits and hygienic practices in our daily living life.</p> <p><b><i>“PREVENTION IS BETER THAN CURE”</i></b></p>	<p>L</p> <p>I</p> <p>S</p> <p>T</p> <p>E</p> <p>N</p> <p>I</p> <p>N</p> <p>G</p>
--	---	--

## ஆரோக்கியமான பழக்க வழக்கங்கள் பற்றிய உடல்நலக் கல்வி

தலைப்பு	: ஆரோக்கியமான பழக்க வழக்கங்கள்
குழு	: குழந்தைகள்
இடம்	: அரசு நடுநிலைப் பள்ளி, சரவணம்பட்டி, கோயம்புத்தூர்
காலம்	: 30 நிமிடங்கள்
கற்பிக்கும் முறை	: கற்பித்தல் மற்றும் உரையாடல்
உபகரணங்கள்	: செய்து காட்டுதல்

## பொதுவான குறிக்கோள்

கற்பித்தலின் இறுதியில், குழந்தைகள், ஆரோக்கியமான பழக்க வழக்கங்கள் பற்றியும், அதை எப்படி அன்றாட வாழ்கையில் கடைப்பிடிப்பது பற்றியும், அதனுடைய பயன்கள் பற்றியும் அறிந்து கொள்வார்கள்.

## முக்கியமான குறிக்கோள்கள்

- தலைப்பை அறிமுகப்படுத்துதல்
- ஆரோக்கியமான பழக்க வழக்கங்களை வரையறுத்துதல்
- ஆரோக்கியமான பழக்க வழக்கங்களின் முக்கியத்துவத்தை ஒவ்வொன்றாக எடுத்துரைத்தல்
- ஆரோக்கியமான பழக்க வழக்கங்களின் மூலகப் பொருட்களை பட்டியலிடுதல்
- வாயின் உடல் நல இயலை விளக்குதல்
- முடியின் பராமரிப்பு பற்றி விளக்குதல்
- கால் மற்றும் கைகளின் பராமரிப்பு பற்றி விவரித்தல்
- கண், காது, மூக்கு, போன்றவற்றின் பராமரிப்பு பற்றி விளக்குதல்
- ஆரோக்கியமான உணவுகளை பற்றி விளக்குதல்
- பொழுதுபோக்கு நடவடிக்கைகளை பற்றி விளக்குதல்

முக்கியமான குறிக்கோள்கள்	உள்ளடக்கம்	கற்றுக்கொள்பவரின் நடவடிக்கை
<p>தலைப்பை</p> <p>அறிமுகப்படுத்துதல்</p>	<p><b>அறிமுகம்</b></p> <p>ஒருவர் ஆரோக்கியமாகாவும் மற்றும் நன்றாகவும் இருப்பதற்கு மிகவும் முக்கியமானது, ஒருவரின் உடலைத் தூய்மையாக வைத்துக்கொள்வது</p> <p>இந்தியாவில் 15 சதவீதம் பள்ளி செல்லும் குழந்தைகளே இருக்கின்றனர். ஒரு நாட்டின் எதிர்காலம் குழந்தைகளின் கையிலே உள்ளது. அதனால் உடல் நலத்தை பராமரிப்பது மட்டுமின்றி, முழுமையான ஆரோக்கியத்தை கொடுப்பது முக்கியமாகும்.</p> <p style="text-align: right;"><b>- SHC Report</b></p> <p>சுத்தமான உடல்,முடி,உடைகள்,மற்றும் காலணிகள் உடன் இருப்பதன் மூலம்,நீங்களும் உங்களை சார்ந்த நண்பர்களும் மகிழ்சியாக இருக்க முடியும்.</p>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>

<p>ஆரோக்கியமான</p> <p>பழக்க வழக்கங்களை</p> <p>வரையறுத்துதல்</p>	<p><b>ஆரோக்கியம்</b></p> <p>ஆரோக்கியம் என்பது முழு உடல், மனம், சமூக நலம் மற்றும் நோய் இல்லாத தன்மை அல்லது தளர்ச்சி இல்லாத நிலை.</p> <p><b>பழக்க வழக்கங்கள்</b></p> <p>மனம் மற்றும் குணங்களில் ஏற்படும் நிலையான மாற்றம்.</p> <p><b>ஆரோக்கிய பழக்க வழக்கங்கள்</b></p> <p>ஒருவரின் மனநலம், உடல்நலம், தன்னம்பிக்கை, ஒழுக்கம் போன்றவற்றிற்கு வழிவகுக்கும் பழக்கங்களே ஆரோக்கிய பழக்க வழக்கங்கள் ஆகும்.</p> <p><b>தூய்மை</b></p> <p>சுகாதாரம் என்பது உடல் ஆரோக்கியத்தை பாதுகாக்கும் மற்றும் அதிகரிக்கும் ஒரு முறை ஆகும்.</p>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
---	---	--

ஆரோக்கியமான பழக்க வழக்கங்களின் முக்கியத்துவத்தை ஒவ்வொன்றாக எடுத்துரைத்தல்	<b>ஆரோக்கியமான பழக்க வழக்கங்களின் முக்கியத்துவம்</b> <ul style="list-style-type: none"> <li>➤ சுத்தத்தை அதிகரிப்பதற்கு</li> <li>➤ நுண்ணுயிரிக்கிருமிகளை பேணுவதற்கு</li> <li>➤ உடல் நலத்தை அதிகரிப்பதற்கு</li> <li>➤ தொற்று நோயை தடுப்பதற்கு</li> <li>➤ புத்துணர்ச்சியுடன் இருப்பதற்கு</li> <li>➤ நல்ல தோற்றத்துடன் இருப்பதற்கு</li> <li>➤ இரத்த ஓட்டத்தை அதிகரிப்பதற்கு</li> <li>➤ உடல் செயல்பாடுகளை இயன்ற அளவு ஊக்குவிப்பதற்கு</li> <li>➤ மனநலத்தை அதிகரிப்பதற்கு</li> </ul>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
---	---	--

ஆரோக்கியமான பழக்க வழக்கங்களின் மூலகப் பொருட்களை பட்டியலிடுதல்	<b>ஆரோக்கிய பழக்க வழக்கங்களின் கூறுகள்</b>  <b>வாய் சுத்தம்</b> <ul style="list-style-type: none"> <li>➤ தோல் பராமரிப்பு</li> <li>➤ முடி பராமரிப்பு</li> <li>➤ கை மற்றும் கால் பராமரிப்பு</li> <li>➤ கண், காது, மற்றும் மூக்கு, பராமரிப்பு</li> </ul> <b>மற்றவை</b> <ul style="list-style-type: none"> <li>➤ ஓய்வு</li> <li>➤ தூக்கம்</li> <li>➤ உடற் பயிற்சி</li> <li>➤ சுத்தமான உணவு</li> <li>➤ பொழுது போக்கு</li> </ul>	க  வ  னி  த்  த  ல்
---	---	---

<p>வாயின் உடல் நல</p> <p>இயலை விளக்குதல்</p>	<p><b>வாய் சுத்தம்</b></p> <p>ஒருவருக்கு வாய் சுத்தம் மிகவும் முக்கியமானது. காலையில் எழுந்த உடனும், இரவு படுப்பதற்கு முன்பும் வாயைச் சுத்தம் செய்ய வேண்டும். ஏனென்றால், பற்கள் உணவை உண்பதற்கும், நன்றாக பேசுவதற்கும், நன்றாக சிரிப்பதற்கும் முக்கியமானதாகும்.</p> <p><b>பொதுவாக உள்ள பற்களில் ஏற்படும் பிரச்சனைகள்</b></p> <ul style="list-style-type: none"> <li>➤ பற்சொத்தை</li> <li>➤ பல் ஈறு வீக்கம்</li> <li>➤ வாய்ப்புண்</li> <li>➤ வாய் துற்நாற்றம்</li> </ul>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
--	---	--



	<p><b>முக்கியத்துவம்</b></p> <p><b>பல் துலக்குதல்</b></p> <p>ஒரு நாளைக்கு இருமுறையாவது பல் துலக்க வேண்டும். பல் துளப்பான் மென்மையாகவும், நீளமானதாகவும் இருக்க வேண்டும். நீள்வெட்டு மற்றும் சுழற்சி முறையில் பல் துலக்க வேண்டும். தரமான பற்பசையை உபயோகிக்கவும் ஆறுமாதத்திற்கு ஒருமுறை பல் துளப்பானை மாற்ற வேண்டும். பல் துலக்க போது முதலில் முன் பகுதியையும், பின்பு இருபுறங்களையும், மேல் மற்றும் கீழ் வாக்காக துலக்க வேண்டும்.</p> <p><b>வாயைச் சுத்தம் செய்தல்</b></p> <p>பல் துலக்கிய பின்பும் மற்றும் உணவு உண்ட பின்பும் வாயை நன்றாக சுத்தம் செய்ய வேண்டும்.</p>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
--	--	--

	<p><b>உணவு முறை</b></p> <p>ஆரஞ்சு, திராட்சை மற்றும் நெல்லிக்கனியில், வைட்டமின் சி அதிகமாக உள்ளது. இது பல்லீறுகளில் ஏற்படும் இரத்தக் கசிவை தடுக்கின்றது, வைட்டமின் B, பல் தசைகளை பலப்படுத்துவதற்கு மிகவும் முக்கியமானதாகும்.</p> <p><b>தோல் பராமரிப்பு</b></p> <p>நமது உடலில் தோல் மிகவும் முக்கிய பங்கு வகிக்கிறது. அதனால் தோல் பராமரிப்பு மிகவும் முக்கியமானதாகும் ஏனென்றால்,</p> <ul style="list-style-type: none"> <li>➤ தோல் நோயை தடுக்கிறது</li> <li>➤ தோல் வெடிப்பு ஏற்படாமல் தடுக்கிறது</li> <li>➤ தொற்று நோய் வராமல் தடுக்கிறது</li> </ul>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
--	--	--

	<p><b>தோலின் மற்ற செயல்பாடுகள்</b></p> <ul style="list-style-type: none"> <li>➤ முழு உடலையும் பேணிக் காக்கின்றது.</li> <li>➤ உடல் வெப்பநிலையை சீராக்குகின்றது.</li> <li>➤ வைட்டமின் டி யை உருவாக்குகின்றது.</li> <li>➤ உணர்வு</li> <li>➤ காயம் ஏற்படாமல் தடுக்கின்றது.</li> <li>➤ வியர்வையை வெளியேற்றுகின்றது.</li> </ul> <p><b>பொதுவாக தோலில் ஏற்படும் நோய்கள்</b></p> <ul style="list-style-type: none"> <li>➤ கொப்புளம்</li> <li>➤ சிரங்கு</li> </ul>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
--	--	--

	<p><b>தோல் பராமரிப்பு முறைகள்</b></p> <p><b>மசாஜ் மற்றும் குளித்தல்</b></p> <ul style="list-style-type: none"> <li>➤ குளிக்கும் போது மசாஜ் செய்வதன் மூலம் இரத்த ஓட்டம் தூண்டப் படுகின்றது.</li> <li>➤ தினமும் சோப் உபயோகப்படுத்தி குளிக்க வேண்டும். குளிக்கும் சோப்பு மிகவும் மென்மையாக இருக்க வேண்டும், அடிக்கடி சோப்பினை மாற்றக் கூடாது.</li> <li>➤ அரிப்பு, வறண்ட சருமம் மற்றும் அலர்சி ஏற்படும் போது சோப்பினை மாற்ற வேண்டும்.</li> </ul> <p><b>உடைகள்</b></p> <p>ஒவ்வொரு குழந்தையும் குளித்தவுடன் சுத்தமான உடையை உடுத்த வேண்டும். உள்ளாடைகளை தினமும் மாற்ற வேண்டும். ஏனென்றால் உள்ளாடைகள் தோலிற்கு அடுத்த படியாக உள்ளது. இதில் உடலின் வியர்வை, நுண்ணுயிரிகள், இறந்த செல்கள் படிகின்றது. இருக்கமான உடைகள் மற்றும் மற்றவர்களின் உடைகளை அணிவதன்</p>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
--	--	--

<p>முடியின் பராமரிப்பு</p> <p>பற்றி விளக்குதல்</p>	<p>மூலம் தோல் நோய் ஏற்படும்.</p> <p><b>முடி பராமரிப்பு</b></p> <p>உடலின் ஆரோக்கியத்தையும், ஒருவரின் தோற்றத்தையும் முடியின் தன்மையை பிரதிபலிக்கின்றது. அது மட்டுமல்லாமல், தலையில் வியர்வை சுரப்பிகள் மற்றும் இறந்த தோல் செல்கள் இருக்கின்றன.</p> <p><b>பொதுவாக முடியில் ஏற்படும் பிரச்சனைகள்</b></p> <ul style="list-style-type: none"> <li>➤ பொடுகு, ஒட்டுண்ணி, பேன், முடி உதிர்வு</li> </ul> <p><b>முடி பராமரிப்பு வழிமுறைகள்</b></p> <p><b>முறைப்படி முடியை கழுவுதல் மற்றும் எண்ணெய் தேய்த்தல்</b></p> <ul style="list-style-type: none"> <li>➤ முறைப்படி முடியினை சுத்தமான தண்ணீர் விட்டு கழுவ வேண்டும், மற்றும்</li> </ul>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
--	--	--

	<p>சாம்பூ வாரத்திற்கு இருமுறை சாம்பூ மற்றும் எண்ணெய் தடவுதல் வேண்டும்.</p> <p>➤ முடியின் வேர் எண்ணெயை உற்பத்தி செய்கிறது, இது முடியை மென்மையாகவும், மிருதுவாகவும் வைக்கின்றது.</p> <p>➤ முடியினை முறைப்படி கழுவவில்லை என்றால், எண்ணெய், வியர்வை மற்றும் இறந்த செல்கள் சேர்ந்து முடியின் தோற்றத்தை எண்ணெய்யாகவும், அழுக்காகவும் மாற்றும்.</p> <p>➤ முடியை சீவுதல் மற்றும் மசாஜ் செய்தல்: தினமும் தலை சீவுதல், தலைக்கு இரத்த ஓட்டத்தை அதிகரிக்கின்றது மற்றும் பொடுகினை போக்குகின்றது, மற்றும் பேன் வராமல் தடுக்கின்றது.</p> <p>➤ மசாஜ், முடிக்கு ஒரு உடற்பயிற்சி ஆகும், இது முடியின் வேர்களுக்கு, இரத்த ஓட்டம் மற்றும் ஊட்டச்சாத்தினை அதிகரிக்கின்றது.</p> <p>➤ தலையை நன்றாக மசாஜ் செய்ய வேண்டும், இதன் மூலம் பொடுகு, பேன் மற்றும் அழுக்கு போகின்றது.</p>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
--	---	--

<p>கால் மற்றும் கைகளின் பராமரிப்பு பற்றி விவரித்தல்</p>	<p>➤ உங்களுக்கு முடி அதிகமாக இருந்தால், முடி சீராக்குயினை உபயோகிக்கவும், இது உங்களின் முடியை மிருதுவாகவும், எளிதில் சீவவும் உதவுகின்றது. ஆனால் பொதுவாக முடிக்கு முடி சீராக்கி தேவையில்லை.</p> <p>➤ ஈரமான முடிகளுக்கு, பற்கள் அகலமாக உள்ள சீப்பினை உபயோகிக்கவும்,இது முடியினை சீக்கிரம் இழுப்பதற்கு உதவுகின்றது.</p> <p><b>கை, மற்றும் கால் பராமரிப்பு</b></p> <p>தொற்றுநோய் நாற்றம், மற்றும் காயம் ஏற்படாமல் தடுப்பதற்கு, கை மற்றும் கால் பராமரிப்பில் அதிகம் கவனம் தேவை. நிகம் கடித்தம், இறுக்கமான காலணிகளை அணிதல் மற்றும் காலணிகள் இல்லாமல் நடப்பதன் மூலம் நோய் பிரச்சனைகள் ஏற்படலாம்.</p> <p><b>முறையற்ற கை கழுவுவதினால் ஏற்படும் பிரச்சனைகள்</b></p> <p>➤ பேன் தொற்று</p>	<p>க வ னி த் த ல்</p>
---	---	---

	<p>➤ வயிற்றுப்போக்கு</p> <p>➤ வயிற்றுப் பூச்சி</p> <p><b>காலணிகள் இல்லாமல் நடப்பதினால் ஏற்படும் பிரச்சனைகள்</b></p> <p>➤ தழும்பு</p> <p>➤ பூஞ்சை தொற்று</p> <p>➤ காயம்</p> <p>➤ பூச்சு</p> <p><b>கால் மற்றும் கை பராமரிப்பின் வழிமுறைகள்</b></p> <p><b>கை</b></p> <p>சாப்பிடுவதற்கு முன்பும், சாப்பாடு தயாரிப்பதற்கு முன்பும் கைகளை கழுவவேண்டும்.நகங்களில் ஏற்படும் தொற்றுநோய் மற்றும் அழுக்கினை</p>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
--	--	--



	<p>போக்குவதற்கு நகங்களை அடிக்கடி வெட்ட வேண்டும்.</p> <p><b>கால்</b></p> <p>ஒரு நாளைக்கு ஒரு முறையாவது காலினை கழுவ வேண்டும். கழுவியதற்கு பின்பு காலை நன்றாக துடைக்க வேண்டும்.மிகவும் முக்கியமாக விரல்களுக்கு நடுவே துடைக்க வேண்டும், ஏனென்றால், அவ்விடத்தில் நுண்ணுயிரிகள் அதிகமாக இருக்கும்.</p> <p>நாம் மிகவும் முக்கியமாக பாதத்தினை நன்றாக கழவி துடைக்க வேண்டும்,காலணிகள் இல்லாமல் நடப்பதனால், கால்கள் மிகவும் எளிதாக பூஞ்சைத் தொற்றுநோய் மற்றும் மற்ற பிரச்சனைகளை (தழும்பு, தொற்றுநோயை) ஏற்படுத்தும்.</p>	<p>க வ னி த் த ல்</p>
--	--	---

<p>கண், காது, மூக்கு, போன்றவற்றின் பராமரிப்பு பற்றி விளக்குதல்</p>	<p><b>காலணிகள்</b></p> <p>காலணிகளை சுத்தமாக வைக்க வேண்டும். அவைகள் இறுக்க மற்றதாக இருக்க வேண்டும். சுத்தமான காலுறைகளை பயன்படுத்தவும். இது உராய்வை தடுக்கவும்.</p> <p><b>கண்,காது,மூக்கு பராமரிப்பு</b></p> <p><b>கண்கள்</b></p> <ul style="list-style-type: none"> <li>➤ முழு மனித வளர்ச்சிக்கு நல்லபார்வை முக்கியமானது.</li> </ul> <p><b>பொதுவாக கண்களில் ஏற்படும் பிரச்சினைகள்</b></p> <ul style="list-style-type: none"> <li>➤ இமைபடல அழற்சி</li> <li>➤ கருவிழி புண்</li> <li>➤ மாலைக்கண் நோய்</li> </ul>	<p>க வ னி த் த ல்</p>
--	--	---

	<ul style="list-style-type: none"> <li>➤ விழி பிதுக்கம்</li> <li>➤ கண்புரை</li> <li>➤ கண் அழுத்த நோய்</li> </ul> <p><b>கண் பாதுகாப்பு</b></p> <ul style="list-style-type: none"> <li>➤ கண்களை சுற்றியுள்ள பாகத்தை சுத்தமான நீரினால் கழுவ வேண்டும் உற்றுநோக்கி படிப்பதை தவிர்க்க வேண்டும்.</li> <li>➤ சுத்தமான நீர் மற்றும் பஞ்சினைக் கொண்டு கண்களில் ஏற்படும் தூசிகளை நீக்க வேண்டும்.</li> <li>➤ அழுக்கான கைகளை உபயோகிக்கக் கூடாது, உபயோகித்தால் தொற்றுநோய் ஏற்படும்.</li> <li>➤ குழந்தைகள் வைட்டமின் 'ஏ' அதிகமாக உள்ள உணவுகள் கேரட், மற்றும் பச்சைக்காய்கறிகளை உட்கொள்ள வேண்டும்.</li> </ul>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
--	---	--

	<p><b>காதுகள்</b></p> <p>காது மிகவும் முக்கியமான உணர்வு உறுப்பு ஆகும். இதன் மூலமே கேட்க முடியும்.</p> <p><b>காதில் ஏற்படும் பொதுவான பிரச்சினைகள்</b></p> <ul style="list-style-type: none"> <li>➤ காது வலி</li> <li>➤ சீழ் வடிதல்</li> <li>➤ கிருமிகள்</li> </ul> <p><b>காது பாதுகாப்பு</b></p> <ul style="list-style-type: none"> <li>➤ காதில் ஏற்படும் அழுக்குகளை பஞ்சு கொண்டு நீக்க வேண்டும். ஊக்கு மற்றும் குச்சிகளை உபயோகிக்க கூடாது. உபயோகித்தால் காதில் காயம் ஏற்படும்.</li> <li>➤ குழந்தைகள் எந்த ஒரு பொருட்களையும் காதில் திணிக்க கூடாது. திணித்தால்</li> </ul>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
--	--	--

	<p>காது கேளாமல் போய்விடும்.</p> <p>➤ அதிகமாக சத்தத்தில் இருந்து காதுகளை பாதுகாக்க வேண்டும்.</p> <p><b>மூக்கு</b></p> <p>நுகர்வதற்கும், சுவாசிப்பதற்கும், உதவும் முக்கியமான உணர்வு உறுப்பு மூக்கு ஆகும்.</p> <p><b>பொதுவாக காதில் ஏற்படும் பிரச்சினைகள்</b></p> <p>➤ மூக்குச்சளி</p> <p>➤ கிருமிகள், முக்குத்தண்டு உளைதல்</p> <p><b>மூக்கு பாதுகாப்பு</b></p> <p>➤ காய்ந்து போய் மூக்கின் வெளியே ஓட்டி கொண்டிருக்கும் மூக்குச் சளியை, சுத்தமான துண்டு அல்லது பஞ்சு அல்லது சுத்தமான கைக்குட்டை கொண்டு</p>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
--	---	--

<p>ஆரோக்கியமான உணவுகளை பற்றி விளக்குதல்</p>	<p>அகற்ற வேண்டும்.</p> <p>➤ பென்சில் மற்றும் மற்ற பொருட்களை மூக்கில் திணிக்க கூடாது என்று குழந்தைக்கு அறிவுறுத்த வேண்டும்.</p> <p><b>உணவு முறை</b></p> <p>குழந்தைகளின் ஆரோக்கியத்திற்கு மற்றும் குழந்தைகளுக்கு உடன் பருமன் மூலமாக ஏற்படும் பிரச்சனைகளை தடுப்பதற்கு சத்தான,, சீரான உணவுகளை குழந்தைகள் எடுத்து கொள்ள வேண்டும்.</p> <p><b>ஆரோக்கியமான உணவு முறை</b></p> <p>➤ பழங்கள்</p> <p>➤ காய்கறிகள்</p> <p>➤ முழு தானியங்கள்</p>	<p>க வ னி த் த ல்</p>
---	--	---

	<ul style="list-style-type: none"> <li>➤ கொழுப்பு குறைவாக உள்ள பால்</li> <li>➤ பால் பொருட்கள்</li> <li>➤ கோழி இறைச்சி</li> <li>➤ மீன்</li> <li>➤ முட்டை</li> <li>➤ கொட்டை வகைகள்</li> </ul> <p><b>ஆரோக்கியமற்ற உணவு முறையினால் ஏற்படும் பிரச்சனைகள்</b></p> <ul style="list-style-type: none"> <li>➤ சத்துக் குறைபாடு</li> <li>➤ புரதக் குறைபாடு</li> <li>➤ உடல் பருமன்</li> <li>➤ இதய நோய்கள்</li> <li>➤ உயர் இரத்த அழுத்தம்</li> </ul>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
--	--	--

	<ul style="list-style-type: none"> <li>➤ உறக்க பிரச்சனைகள்</li> <li>➤ மாதவிடாய் பிரச்சனைகள்</li> <li>➤ மறதி அல்லது கற்றலில் பிரச்சனைகள்</li> </ul> <p><b>சிகிச்சை முறைகள்</b></p> <ul style="list-style-type: none"> <li>➤ குழந்தைக்கு அதிகமாக பழங்கள் மற்றும் காய்கறிகளே கொடுக்க வேண்டும்.</li> <li>➤ இனிப்பு பண்டங்களை தவிர்க்க வேண்டும்</li> <li>➤ துரித உணவுகளை தவிர்க்க வேண்டும்</li> <li>➤ ஆரோக்கிய உணவுகளை பற்றிய குறிப்புகளை குழந்தைகளுக்கு எடுத்துரைக்க வேண்டும்</li> <li>➤ உணவு தயாரிக்கும் முறைகள் பற்றி குழந்தைகளுக்கு கற்பிக்க வேண்டும்</li> </ul>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
--	---	--



<p>பொழுதுபோக்கு</p> <p>நடவடிக்கைகளை</p> <p>பற்றி விளக்குதல்</p>	<p><b>பொழுதுபோக்கு செயல்கள்</b></p> <p>தொடர்ச்சியாக விளையாட்டு, புதுமை தரும் செயல்பாடுகள் மற்றும் மற்ற செயல்பாடுகளில் ஈடுபடுவது, அவர்களுக்கு பயனுள்ளதாகவும், சந்தோஷமாக இருப்பதற்கும், தன்னம்பிக்கை, சுயமரியாதை, புதுத்திறமைகள் வளர்த்துக் கொள்வதற்கும் உதவுகிறது. இது குழந்தைகள், இளைஞர்கள் அவர்களின் பாதுகாப்பாளர்களோடு நல்ல உறவினை வளர்த்துக் கொள்வதற்கு வாய்ப்பு தருகிறது.</p> <p><b>பயன்கள்</b></p> <p>குழந்தைகள், மற்றும் இளைஞர்கள் நல்ல செயல்பாடுகளில் ஈடுபடுவது அவர்களுக்கு வாழ்கையில் ஏற்படும் கஷ்ட காலங்களை கடந்து செல்வதற்கு உதவுகிறது. அதுமட்டுமன்றி, சமூகம் மற்றும் நண்பர்களுடன் நல்ல உறவினை ஏற்படுத்துவதற்கும், புதிய நண்பர்களுடன் பழகுவதற்கும் உதவுகிறது.</p>	<p>க</p> <p>வ</p> <p>னி</p> <p>த்</p> <p>த</p> <p>ல்</p>
---	---	--

	<p><b>பொழுதுபோக்கு</b></p> <p>குழந்தைகள், மற்றும் இளைஞர்களின் ஆர்வத்தை வெளிக்கொண்டு வருவதற்கும், அவர்களின் வாழ்க்கைத் தரம் மற்றும் தன்னம்பிக்கையை உயர்த்துவதற்கும், பொழுதுபோக்கு நிகழ்வுகளான நடனம் ஆடுதல், புத்தகம் படித்தல், இசை கேட்டல், சமைத்தல், தோட்ட வேலை செய்தல் போன்றவை உதவுகின்றன</p>	
--	--	--

# ACKNOWLEDGEMENT

---

# CONTENTS

---

# CHAPTER - I

---

## CHAPTER - II

---

## CHAPTER - III

---

## CHAPTER – IV

---



# CHAPTER - V

---

# CHAPTER - VI

---

# REFERENCES

---

# ABSTRACT

---

# APPENDICES

---